N. B.--Every item of information should be carefully supplied. ACE should by stated EXACTLY, PHYSI. Clans should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ORD PERMANENT H BINDING IS A FOR WITH UNFADING INK-THIS MARGIN RESERVED WRITE PL.

PLACE OF DEATH	STATE OF MARTLAND
County / Slegams	CERTIFICATE OF DEATH
4	Registration Dist. No.
Village or City barlown (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME / Tanna (1)	(Might number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tenale white Single, MARRIED wildowed. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH May 8 , 1851	17 HEREBY CERTIFY, That I attended the deceased from 180. to left
(Month) (Day) (Year)	that I last saw hellaliva on Sefat 5 , 192, ,
7 AGE [If LESS than	and that death occurred on the date stated above, at 4.20 A.m.
l day hrs.	The CAUSE OF DEATH * was as follows:
80 yrs. 6 mos. 23 ds. or min.	Oerekaal Hemontage
a OCCUPATION (a) Trade, profession or particular kind of work Youseunge	At hemplegia
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs, nos de.
	Contributory Augustension-Chronic
9 BIRTHPLACE (State or country) (State or country) (State or country)	Secondary Myseardiles (Duration) flooding moe de,
V TO NAME OF Chronical Beal	(Signed) M. D.
II BIRTHPLACE	190 (Address)
OF FATHER Z (State or country) Um have	*State the Disease Causing Death, or, la deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Mary of MOTHER Mary agradow	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MIT KING WEEDS	Former or
(Informant) Marshall allanght	usual residence
(Address) / Vall Summit	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1934 1934
Filed 8 1921 De M. M. Mesta Registrar	20 UNDERTAKER AND MALBURG
	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
If more blanks are needed, address Stata Registra	ir, to its balacoga oci, balcon madassing

18500

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. nature of the husiness or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meringitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perionaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-(secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSKIANS should state of OCCUPA. Every item of infor-Exact statement A PERMANENT stated EXACTL be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. H UNFADING INK-THIS IS AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. B.—WRITE PLAIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		
County allegans	Registration Dist. No.	
Village or City Green Ridge	No. St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)	rd
Length of residence in city or town where death occurredyrsmos.		ds.
2. FULL NAME William Ruderick	Bana.	
(a) Residence: No. Zreen Ridge Md (Usy place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	elizationi
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
On all o OR DIVORCED (write the word)	September 26, 1931	
5a. If married, widowed, or divorced	(Month) (Day) (Year)	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from	om
June 19, 1931 W	, 19, 19, 19,	
6. DATE OF BIRTH (month, day, and year 3 Months/ week	I last saw h; death is sa	aid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a.S. 45% _m.	
3 Months & Lays or nin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ons	
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of one	ei
SAWYER, BOOKKEEPER, etc.	Josto- Enterlie	
9. Industry or business in which work was done, as SILK MILL,		
SAW MILL, BANK, etc. 11, Total time (years)		
this occupation (month and spent in this		
year) occupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) Zeen Gage		
(State or country) Insuffer d		
13. NAME friet Same		
14. BIRTHPLACE (city or town) Laailan	Name of operation Date of	
(State or country) markens	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Esther Robertt	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Breachton	Accident, suicide, or homicide? Date of injury, 19	
E (State or country) Gueresland	Where did injury occur?	
17. INFORMANT Nathan Bane.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Sande ma		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place been afterny Date Seft 17 , 1931	Nature of injury	
19. UNDERTAKER Nathan Ber	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Garale and	If so, specify	
andest 27 31. Paris or the ha	(Signed) Carrie a. Obanhot Local Re	4
20. FILED AS 19 19 CAULE U. CADIMON	(Address) Coldtown mid	1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	(T)1	
Date of ouser	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1921 Tuly 5 , 1927	1915 Attack of epilepsy 1921 Run over by street car 194y5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

328 bu 6 s ps

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	SOLE LIMITS 139-E
County Allegany	N CORPORATE LIMITS PROPERTY NO. Registration Dist. No.
Village of City Common	No. allegary stospital war war death occurred in a populator ingritution, graying NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	
2. FULL NAME Jennie Beama	n O
(a) Residence: No. (Louaconing, Md-facks)	on St., Ward Tonaconna Ma
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	M LIEDERY CERTIES THAT
(or) WIFE of Robert Bearman	Sept. 2 - 1921 to Sept. 19-
6. DATE OF BIRTH (month, day, and year) Manah 19 1875	I last saw have alive on Sept 8 - 1934 : deeth is sai
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 4 20m.
56 5 20 1 day, hrs.	VIO PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Tarelyliens Illens - formay Date of ones
SAWYER, BOOKKEEPER, etc. Howale voule	abdriummo perulità
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (years)	Hysterectory, for complete uterine pro-
this occupation (month and spant in this occupation occupation	lape? It years duration. Cuts
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance:
(State or country)	
13. NAME Jacob Beaman	
14. BIRTHPLACE (city or town)	Name of operation Hydriday Dete of 9-2-1
(State of country) Fred ogravio	What test confirmed diagnosis? Symplowed Was there an autopsy? W
15. MAIDEN NAME /Lachael Dye	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19,
(State or country) Maryland	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Steet Gearman and (Address) Lycaconing and	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL TO TACON THE STATE OF T	Manner of injury
Place Wan Hillemoky Date Defter 11, 1931	Nature of injury
19. UNDERTAKER An. Conglision	24. Was disease or Injury in any way related to occupation of deceased? Wo
(Address) Linacinny, Ma	If so, specify Alo Blats
20. FILED P. 10, 1931 Varve Triver.	(Signed) Proceeding (Address) (22 Bufford), Christian) and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT	July 5, 1927	Peritonitis	3 days ago
AURWAU V	· · · · · ·		
Other contributory causes of importance:	1 3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	TATEMENTS BY	PHYSICIAN
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S. No.

PLACE OF DEATH County ALLEGANY Village or City CUMBERLAND WITHIN CORPORATE LI 2FULL NAME DAVID 1, BIDDLE	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, Married MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATE
JAI I 1863 , 1 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Start 4 -193/. to Start 7 -193/. that I last saw h han alive on Start 7 - 132/.,
S OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	The CAUSE OF DEATH * was as follows: The CAUSE OF DEATH * was as foll
9 BIRTHPLACE (State or country) BEDFORD COUNTY PA; 10 NAME OF FATHER GEORGE BIDDLE 11 BIRTHPLACE OF FATHER (State or country) PA 12 MAIDEN NAME OF MOTHER REICKARD	Contributory Secondary (Signed) State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents) At place In the of death yrs mos, ds, State yrs mos ds, Where was disease contracted, if not at place of death? Former or usual residence
(Informant) MRS DAVID BIDDLE 312 FREDERICK ST (Address) Filed 1923 Name of Registrar	19 PLACE OF BURIAL OR REMOVAL LUTHERN CENETERY 20 UNDERTAKER ADDRESS JOHN C JOHN CHARTRIAND

JOHN

C

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, Housemoid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken loborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (c) Solcsmon, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day Locomolive engineer,

Statement of Cause of Death—Name, first, the DISBEASE CAUSING DEATH (the primary affection with respectato time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. American Medical Association.) approved by Committee on Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." as fracture of skull, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonoeum, etc., Carcinoma, Sareoma, etc., ol Never report mere symptoms or terminal condi-Chronic and consequences (e.g., sepsis Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

'PHYSICIANS should state SCORD. Every item of infor-Exact statement of OCCUPA-H UNFADING INK-THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING MARGIN RESERVED -WRITE PLAINLY, V. S. No. 1

8

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	104
	1. PLACE OF DEATH	(131)	JUX
	County allegany	Uutside of Registration Dist. No.	
	Village or City Gent beal and mod	St.,	Ward
/	Length of residence Incity or toyin there death occurredyrsmos.	ds. How long in U.S. if of foreign birth?mo	sds.
	2. FULL NAME Wille man Bis	my	
	(a) Residence: No. Tamber flor	₩st., Ward.	C
	(Usual place of abode) // PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	Diate
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	41.
	Ferrale while OR DIVORCED (Frice the word)	(Month) (Day)	, 193 (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That it attended to	deceasad from
•	6. DATE OF BIRTH (month, day, and years 24 -1865	last saw her alive on Sept, 9 1931	: death is said
car	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11:137, m.	
	66 7 15 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
1	8. Trade, profession, or particular kind of work done, as SPINNER,	Changes munerardition	1-1-120
ICh	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	nephilis	7 -7 00
20	SAW MILL, BANK, etc		
2	this occupation (month and spant in this year) occupation		4
	12. BIRTHPLACE (city or town)	Other Catribacts Cances of Importance:	1-1-30
ruc	(State ar country)		
IIIS	E 13. NAME Villian Down		
2	13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of	
2	(State of Codory)	What test confirmed diagnosis? Experimental Was there an a	u'opsy?_00
ant.	15. MAIDEN, NAMES and M. Wolls 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following	•
OFF	o 16. BIRTHPLACE (city or town)		, 19
d III	(State or country)	Where did injury occur? (Specify city or town, county and State	:)
Ly	17. INFDRMAN	Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLA	iCk.
× e	18. SURIAL, CREMATION, DR REMOVAL	Manner of Injury	
2	Donnen Reneficial Guerate Safot 12 1931	Natura of injury Reone	
101	19. UNDERTAKET	24. Was disease or Injury In any way related to occupation of deceased?	no
-	(Address) Pholond, Mcl.	If so, specify	
	20. FILED Sept. 17, 1931. Hervey Huler Registrar.	(Signed) (Address) Cambelland	ud M.D.
	The state of the s	2ATT N. Charlet Street Baltimore Requesting (1) S. No. r	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II	
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OT 0 1021	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	READ V S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County all gones	Registration Dist. No.
Village or City F Advancy	No. Minus H. Shitsot., Ward death occurred in a hospital or institution, give its NAMI instead of street and number)
Length of residance in city or town where death occurred	
2. FULL NAME MAN HOB THE	malal
To the state of th	Ward.
(a) Residence: No. (Usual place of abode)	if nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temple of hits OR DIVORCED (write the word)	(Year)
5a. If marriad, widowed, or divorcad	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Traviation deceased from
T 1 16 v2/	I last saw h A aliva on 19 193 (; death is said
7. AGE Yaars Months Days tf LESS than	Y Ica N
1. AGE Tables Months Days It LESS than	to have occurred on the data stated above, at 15-00 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 6 V3 or-4min.	wera as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER,	
SAWYER, BOOKKEFER, atc	the first true
work was dona, as SILK MILL, SAW MILL, BANK, atc.	flacy orww
10. Date dacaased last workad at this occupation (month and year) 11. Total time (years) spant in this occupation	/
A standard	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME of a word fis atting in	
Z 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME AND WEST 16. BIRTHPLACE (city or town)	23. If daath was due to axtarnal causas (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Many loginal.	Where did injury occur?
17. INFORMANT Neward Bittinger	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	***************************************
2 191.00 6.1733	Manner of injury
Placa Salle / the Date of 1 3, 19 3 1	Natura of Injury
19. UNDERTAKER DA D. B Oal	24. Was disease or injury in any way raisted to occupation of declased?
(Addrass) (B) and My M	if so, specify
20. FILED /23, 193/ NOTOFICE and	(Signad) M. D.
Registrar.	(Address) Abling My
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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The principal cause of death and related causes of importance were as follows:		1	Example II	
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	COT to some	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAUVE	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

NS should nt of OCC	Length of residence in city or town where	/	f death occurred in a horpital or institution, give its NAME instead of street s. How long in U.S. if of foreign birth?yrs	
rSICIANS	2. FULL NAME Willia	ur Kennet	t Blank	
physicians ct statement	(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town	and State
H. to	PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEAT	
L Y.	3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH (Month)	, 193
ACTI assified.	5e. If merried, widowed, or divorced HUSBANO of (or) WIFE of		22. HEREBY CERTIFY, That I atter	nded deceased from
X T	6. DATE OF BIRTH (month, day, and year)	129.193 1	l lest sew have elive on 193 to 199	3/ death is said
	7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et. 2.30 P.m.	₩ /, ueatii is saiu
stated properly certifica		20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
o pe	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Enlero Colles	John 14
should it may n back	9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.	stout!		
E sh	10. Date decessed last worked at this occupation (month and year)	11. Total time (years) spent in this occupetion		
so	12. BIRTHPLACE (city or town) 2007	Jarge l	Other Contributory Causes of Importance:	Sept 1.
illy supplied plain terms, . See instru	E 13. NAME Carl Blow	San Paragraphic Control of the Contr		
sup sin te	14. BIRTHPLACE (city or town)	Sarage	Name of operation	of
illy pla	(State of country)	a Rainin	What test confirmed diegnosis? Was there	
be careful EATH in p important.	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State er country)	ealpa	23. If death was due to external causes (VIOLENCE) fill In also the folio Accident, suicide, or homicide? Date of injury	
PAA	17. INFORMANT CONT S	lank y	Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	i State) C PLACE.
E E	18. BURIAL, CREMATION, OR REMOVAL 91	Date 80/19 193/	Manner of injury	
Mation CAUSI TION	19. UNDERTAKER ACOL NO. (Address) Huntry	le md	24. Was disease or injury in any wey related to occupation of deceased	, no
)	20. FILED 9// 8, 198/ 198/	A Sestelly MA	(Signed) A A ORUMA (Address) Sut Savog 0	n d 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related ca of importance were as follows:	uses Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July 5,1927	Peritonitis 25000	A 3 days ago
		100 7 100	
Other intributory causes of importance:		Other contributory causes of importance:	- 44
Gollstones	Moy 1,1923	Gastroenteritis	1 year
			-

ar- A·	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	HIN CORPORATE LIMITS Registration Dist. No.
of of CC	County USUGHST ANT	HIN CORPORT
item of should or OCC	Village of City 1	No
= /0	Length of residence in city of Wan where death occurred yrs mos	death occurred in a hospital or institution; give its NAME instead of street and number) / s. How long in U.S. if of foreign birth?
CORD. Every PHYSICIANS of statement	2. FULL NAME CHIN LOS B XJUE	Retut
at Ci S	III to the	St. Ward.
IYS IYS sti	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
CO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOW OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept. 28 (Year)
MANEN A C T I assified.	5a. If married, widowed, or divorced HUSBAND of	
MA A A ass	(or) WIFE of	22. Sept. 1931 to Sept. 1931
A SKT.	6. DATE OF BIRTH (month, day, and year Clean 7 1931	Hast saw h in alive on Safet, 28 , 1931; death is said
A P P P P P P P P P P P P P P P P P P P	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
FOR B. IS A PE stated E properly certificate	1 21 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
70	8. Trade, profession, or particular kind of work done, as SPINNER,	were as follows: Were as follows: Coccute Entire -Collie 9/18/1
	SAWYER, BOOKKEEPER, etc.	
K-T tould may back	work was done, as SILK MILL, SAW MILL, BANK, etc	
G INK—GE Shouth it may be a part of the contract of the contra	10. Oate deceased last worked at this occupation (month and spant in this	
REG I	year)	Other Coutributory Causes of importance:
4 4	12. BIRTHPLACE (city or town) (State or country)	
MARGIN UNFADI supplied. 1 terms, so		Ciciaoria 7/207
	13. NAME 13. NAME	- nome-
MA V U y sullain t	14. BIRTHPLACE (city or town) of State or country	Name of operation Oate of What test confirmed diagnosis Observations there an europsy Re
	15. MAIOEN NAMPORTE VILLETY	23. If death was due to external causes (VIOLENCE) fill in also the following:
INLY, We carefull EATH in p important.	16. BIRTHPLACE (city or town) 4 4	Accident, suicide, or homicide? Date of injury 19
INLY, be car	State of country)	Where did injury occur?
	17. INFORMANTIERS Buckleger	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) Gumberland Md	
E a E a	18. BURIAL, COMATION, OR REMOVAL Place Sulf 2919 31	Manner of injury
-WRITE nation s CAUSE FION is	69 12 14	Nature of injury
Man Man CA	19. UNOERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
Z S	2 & OF 21 3 A STATE OF THE	If so, specify (Signed) (Signed)
I)2	Sept. J. 193 A Nawy N. Registrar.	(Address) Cumberland In
0 44 5		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1 IMITS
/ County allegany	HIN CORPORATE LIMITS Registration Dist. No.
Village or City Colour Striland	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs	How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Claudine 17 De	cklew
(a) Residence: No.	Ward.
(Usual place of abode)	li nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. 5EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH
Tunde Musto dung 4	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HER EBY CERTIFY, That 1 ettended deccessed from
(or) wire of	august 30 1031 to Safet. 13 1931
6. DATE OF BIRTH (month, day, and year) aug 14 193	1 lest sew het alive on Sept. 13 1991; deeth is seid
7. AGE Years Months ays If LESS than	to have occurred on the date stated above, etm.
l day hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence
8. Trade profession or particular	acute enters - Colilis Bate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupetion (month and yeer)	
and	Other Coutributary Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	acidous 9-8-31
	7-0-9
14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Name of operation
C. (State of country)	What test confirmed diegnosis? Was there an autopsy? ALR
15. MAIDEN NAME OF ONC TURK	23. If death was due to externel couses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CHIESE O' Deckley	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	seril
Place Secureary Date 9/14 1931	Manner of injury
	Nature of injury
19. UNDERTAKER Cruest Deckley	24. Wes disease or injury in eny way releted to occupetion of deceased?
(Address) Quality	if so, specify
20. FILEDER 14,1981 Havey House	(Signed) M. D.
Registrar.	· (Address) Lewbelland, May
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE infor OCCUPA 1. PLACE OF DEAT pluods County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long In U.S. if of foreign birth? 2. FULL NAME (a) Residence: No (Usual place of abody If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced FOR BINDIN HUSBAND of CERTIFY, That Wattended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS/than to have occurred on the date stated above, at hrs. I day. The PRINCIPAL CAUSE OF DEATH and related causes of importancemin. Date of sheet 8. Trade, profession, or particular RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, may SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent In this occupation. MARGIN 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME FAT See 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis?_C HER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: in ant Accident, sulcide, or homicide? Date of injury_____, 19 OF DEATH 6. BIRTHPLACE (city or town). im port (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT plnods (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE Gemalate. Nature of injury. LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Address) ____ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

corporated

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Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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7 3 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH
info sta UP	1. PLACE OF DEATH	[86:0]
Net PS	County Allegany	Registration Dist. No.
item of should of OCC	Village or City Eckhart	NoSt., Wa
≍ ∘/		death occurred in a hospital or institution, give its NAME instead of street and number)
Every CKANS ement	2. FULL NAME James Q. Can	bell
rSICK statem	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PH PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3-SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED.	21. DATE OF DEATH
EZ :	Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day) (Year)
DING LANE: A C T ssifted	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	2. 1 HEREBY CERTIFY, That I attended deceased fr
BIND PERMA EXA By class	Gly obel auphly	Ching 12, 1931, 10 Sept 3, 193
BI BI E E II	6. DATE OF BIRTH (month, day, and year) tyne 4-1859	I last saw harmalive on Jalive on 1951; death is s
FOR B IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the dete stated above, at
FO] IS state	2 Trade ordinary particular PD de	were as follows: Date of one
Of se	8. Trade, profession, or particular kind of work done, as SPINNER, Retire of Coal Mine SAWYER, BOOKKEEPER, etc.	to asture of a shot
RVED ould be may be back of	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Danier J
ESERVINE—TE should at it may son back	SAW MILL, BANK, etc	
RES VG IN AGE that	this occupation (month and spant in this year) occupation	0
. A	12. BIRTHPLACE (city or town) Show Orech	Other Contributory Causes of importance:
MARGIN UNFADI supplied. n terms, so ee instruct	(State or country)	Catura-selenas
MARGI UNFA supplied n terms, ee instru	13. NAME Leter Campbell	7
MA T U Sul See	14. BIRTHPLACE (city or town)	Name of operation declared from Date of 8-12-
Jan 19	(State of country)	What test confirmed diagnosis? Was there an autopsy?
refu	I 15. MAIDEN NAME acusa Coppel	23. If death was due to external causes (VIOLENCE) fill in also the following:
Call TH Port	16. BIRTHPLACE (city or town)	Accident, sulcide, or homloide?, 19, Where did injury occur?, 19
AINLY, Id be car DEATH	17, INFORMANT Mes Eland Ith Canalal All	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
E PLA Should OF D	(Address) Can ant my	Sulper Lughinery
[m] 02	18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
	Place C. C. Mark Date Sept. 6, 183/	Nature of injury I amend from the same of
T TEOF	19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
S. No.	(Address) Two strong may	If so, specify
20、(五)	20. FILED 1971 Als W. S. With Eise Registrar.	(Signed) M
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out a particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset S A II I week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			TRAL
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MORE REAL

PHYSICIANS should state Every item of inforof OCCUPA-Exact statement stated EXACTLY H UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied. TION is very important. B.—WRITE PLAINLY V. S. No. 1

1. PLACE OF DEATH	MARYLAND—	CERTIFICATE OF DEATH CORPORATE LIMITS 23 Registration Dist. No	4
County Allegany,	HHTIW	Registration Dist. No.	. L-1 w
Village or CityCumberla	nd, Md.	No. Memorial Hospital of death occurred in a hospital or institution, give its NAME instead of street	et and number)
Length of residence in city or town where deat	h occurredyrs,mos	2ds. How long in U.S. if of foreign birth?yrs	mosds
2. FULL NAME Edmund Car	ney,		
(a) Residence: No. 878 Mary	land Ave. (Usual place of abode)	St., 6 Ward. If nonresident give city or to	The state of the s
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEA	ТН
3. SEX 4. COLOR OR RACE 5. White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MAY FIED	21. DATE OF DEATH September	. 193 1 (Year)
5a. If married, widowed, or divorced HUSBAND of Alice Hea	th,	22. I HEREBY CERTIFY, That, at	tended deceased from
DATE OF BIRTH (month, day, and year) NO AGE Years Months	vember 22,1904	I last saw here alive on 9-12-7 to have occurred on the date stated above, at 1/2/0, Re	9_3/_; death is sai
26 9	20 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows:	Date of onset
hind of work done as CDINNED	CHINIST.	Tuling -	
9. Industry or husiness in which		1	
work was done, as SILK MtLL, SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	Suber culos	
12. BIRTHPLACE (city or town)		Other Contributory Causes of importance:	
13. NAME John J. (rginia,	-	
TT1		Name of operation Da	to of
(State or country)	3.MTT	What test confirmed diagnosis? Was the	
15. MAIDEN NAME Lena Kee	nan.	23. If death was due to external causes (VIOL ENCE) fill in also the fo	
15. MAIDEN NAME Lena Kee 16. BIRTHPLACE (city or town) Unkn (State or country)		Accident, suicide, or homicide? Date of Injury_ Where did injury occur?	, 19
17. INFORMANT Memorial Hos (Address) Cumberland	1	(Specify city or town, county of Specify whether injury occurred in INDUSTRY, in HDME, or in PUB	
18. BURIAL, ON MATION, DR ROMOVAL	Le Seft 151931	Manner of injury	
19. UNDERTAKER Arrio Stry (Address)	w gare	24. Was disease or injury in any way related to occupation of deceas	sed?\s
20. FILEBERT. 14.1931. Han	Registrar.	(Signed) (Address) Canadag Rosses	Janes W.
If more bla	nk are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II		
The principal cause of do of importance were as for	leath and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	OCT 8 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrita	S	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	BURGAL N.	July 5,1927	Peritonitis .	3 days ago	
			~		
Other contributory caus	es of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No.

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PLACE OF DEATH County Alleghant	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City 3ch may (No	St: Ward) St: Ward) (lf denth occurred in a hospital or institution, give its NAME instead of attract and numbers)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Marsel, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 . to 7 - 192
7 AGE Wouth (Day) (Year) 7 AGE Wouth (Day) (Year) 16 LESS than I day hrs. yrs. mos. ds. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or Jacuscus particular kind of work	Cerebral heriailias
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos de.
9 BIRTHPLACE (State or country) maconing md	Contributory Secondary (Duration) Ars
FATHER Edward Danahul.	(Signed) M. D. 9-17. 198 ((Address) Frank 77.28
OF FATHER (State or country) 12 MAIDEN NAME	*State the listase Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Marson Cholan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Josefaff G. armold	Former or usual residence
(Address)	me Reis Rocks Date of Burial
Filed Ja7 1821 Drill Om Canda Registras	20 UNDERTAKER BOWN BOSTON MA.

If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) whatever, write Nane. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed greged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Foreman, or For many occupations a single word or term on especially in industrial employments, it is neces-Farm loborer, Loboreryrs). At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material -Coal minc, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis, "(E:haustion," "Heart lanure, markets," "(Inanition," "Marasmus," "Old Age, " "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Hacmorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" American Mcdical Association.) approved as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy troinunqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiby Committee on Nomenclature of the or intercurrent) for malignant neoplasms); Measles; valvular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar 24 th No Charles Street Baltimore, Requesting U. S. No. 1.

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Example I	DEIVEN	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of important	ce:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Harry Clock

If more blanks tre needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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- 1-1A 5 4 - 1	-3945 <u> </u>		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Chronie interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
	1				
Other contributory	tauses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
					
		1			

CORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY H UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.-WRITE PLAINLY, W

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10316
1. PLACE OF DEATH	3
County allegam,	Registration Dist. No. 12
Village Dr City Malle grunes Mi	a No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Baby Clie	
(a) Residence: ND miltu/Smes	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIEO, WIDOWED.	21. DATE OF DEATH
male while OR DIVORCEO (wrighte word)	(Month) (Day) 1977
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decoased from
6. DATE OF BIRTH (month, day, and year Subt 18 13	last saw h alive the last said
7. AGE Years Months Days If LESS than	to have occurred on the date statad obove, atm.
Statt born or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, protession, or particular kind of work dona, as SPINNER,	A A A A Conservation of the Conservation of th
SAWYER, BODKKEEPER, etc. 9. Industry or business in which	ff ll and a
work was dona, as SILK MILL, SAW MILL, BANK, etc.	A second
S. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contribution Comments of Innovations
12. BIRTHPLACE (city or town) myller, munes	Other Cautributory Causes of Importance:
(State or country), mydland md	
13. NAME Cuchan Doline	
13. NAME (Attack Delia) 14. BIRTHPLACE (city or town) Washington (State or country)	Name of operation Oate of
(State of Country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME ELLE WILLIAMS 16. BIRTHPLACE (city or town) Organia	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Olan	Accident, suicide, or homicide?Oate of injury, 19
(Stata or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT / When there characters (Address) midland md	Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR READVAL Place Frostoura Date Sept 18, 1931	Manner of Injury
19. UNDERTAKER SCIED HOLE:	24. Was disease or injury in any way related to occupation of daceased
(Address)	If so, specify
20. FILEO Sept 18, 19 31 P. J. Steken	(Signed) The first of M. O.
Registrar. If more blanks are needed, address State Registrar.	(Address) Aug Mary N Charles Street Bellimore Requestion 9) S No.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Gallstones		May 1,1923	Gastroenteritis	1 year	

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Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "(Exhaustion," "Heart lanue," "Old Age," "Shock," American Medical Association.) Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic Example: Measles (disease "Senile," etc.), "Dropsy, etc. The contributory valvular heart disease Measles;

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	N. BWRITE PLAINLY, W. H UNFADING INK-THIS IS A PERMANENT GORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSTCIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
BINDING	ERMANENT	EXACTLY	y classified.	4
FOR]	IS A P	stated	properly	Same
MARGIN RESERVED FOR BINDING	IG INK-THIS	AGE should be	that it may be	TITOM :
MARGIN	H UNFADIN	ly supplied.	olain terms, so	Con inchange
	PLAINLY, W	ould be careful	F DEATH in p	***************************************
V. S. No. 1	N. BWRITE	mation sh	CAUSE 0	TOTAL

STATE OF		CERTIFICATE OF DEATH	120 -
1.00		ORPORATE LIMITS Registration Dist. No.	
County Milegrany	WITHIN C	ORPORATE LINE Registration Dist. No. 1	U_ Ward
Village or City Line Mrs	a a	No. St., f death occurred in a hospital or institution, give its NAMS-instead of street and	number)
Length of residence In city or town where dea	th occurredyrs,mos	How long in U.S. if of foreign birth?yrsr	nosds.
2. FULL NAME Joyce	Geraldine	Broslen (crodon	
(a) Residence: No. 6.3.1.13	(Usual place of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE S Homale White	OR DIVORCED (write the word)	21. DATE OF DEATH (Day)	, 193 (Year)
5a. If merried, widowed, or divorced HUSBANO of		22. C LHEREBY SERTIFY, That I attended	t deceased from
(or) WIFE of		Seht 5 86 Ocht 9	31
6. DATE OF BIRTH (month, day, and year)	11 1931	I last saw h walliva on Supt 8 ,182/	; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated ebove, atm,	
8	8 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER,		3	04
SAWYER, BOOKKEEPER, etc.	mme ,	nundo	994
work was done, as SILK MILL, SAW MILL, BANK, etc.			
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	11. Total time (yeers) spent in this		
year)	occupation	Other Coutributory Causes of importence:	
12. BIRTHPLACE (city or lown)	/	Other Countries Causes of Importance.	
(State or country)			
13. NAME 14. BIRTHPLACE (city or town)	Instern)		
14. BIRTHPLACE (city or town)	29/	Name of operation Date of.	
(State of country)	· 00	What test confirmed diagnosis?	eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Mye.	23. If death was due to external causes (VIOLENCE) fill In also the following	
16. BIRTHPLACE (city or town) (Stete or country)	2 0/2	Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT ATTACK (Address)	Broton	Where did injury occur? (Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE,
18. BURIAL, CREMATION, OR REMOVA	bate 9/10 ,19.3/	Manner of injury	
19. UNDERTAKER And Steins	I goe ma	24. Was disease or Injury in any way related to occupation of deceased?	
20. FILED ept. 9, 1931. Na	wey Huli	(Ardress) 33 Vin	M. 0
If more bl	anks are heeded address State Registrar	2477 N. Charles Street Ralsimore Requesting T. S. No. 1.	

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BUPTATI V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	•		

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Allegans	62)
County alled any	Registration Dist. No. 9
Village or City A A Section	No. St., Ward
Length of residence in city or town whera death occurred 30 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Barbara (71	
(a) Residence: No. 169 Spring	St., Ward.
(Usua) place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (nr) WIFE of Queen.	22. I HEREBY CERTIFY. That I attanded deceased from 28, 1931, 1931.
6. DATE OF BIRTH (month, day, and year)	last say have alive on Self Co., 1933 / ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	Pellagra
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this occupation coupation coupation this occupation this	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Colto	
14. BIRTHPLACE (city or town). (Stata or country)	Nama of operation
15. MAIDEN NAME U. B.	23. If death was due to extarnal causas (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accidant, sulcide, or homicide? Date of injury, 19
X (Stata er country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mes Sam Thomas (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMDVAL	Manner of injury
Place all 4 arry en Date. Det 1 15, 1931	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
2D. FILED. 423., 1931 Registrar.	(Signed) M.D. (Address) Lizzling Today
-	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	2	1		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

		5	STATE C	OF MAR	YLAND-	CERTIFICATE	OF DEA	ATH O	322
:	I. PLACE	OF DEA	ATH			(23)			04.
1	County		ront		0 (Jutside OI	Registration	Dist. No.	
	Village	or City ^{BO1}	wman.Add	ittion R	oute3_	it the podure of a morpital or institu	nion, give its NAM	E instead of street and	number)
	Length o	of residence in	cily or town where	death occurred	yrs,mos	ds. How long In U.S. If o	of foreign birth?	yrs	nosds.
- :	2. FULL	NAME	Edith.	M. Davis					
	(a) Res	sidence: No.,	127 Wes	1 Thir	& SX	st., 6-2-Ward.			
				(Usual place				t give city or town an	d State
				ICAL PART			ERTIFICATE	E OF DEATH	
3.	SEX	_	OR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED. D (write the word)	21. DATE OF DEATH	Sept	30.1931	102
	Fema		White	mari	±d.		(Month)	(Day)	(Year)
ba.	HIICRANO	widowed, or div	vorced i am . Davi			22.C I HEREBY	CERTIF	Y, That I attended	deceased from
	(OI) WIFE	01 11 4 4 4 4	TSM • DS A1			Sept 15	130 to 2	cht 30	1931
6.	DATE OF BI	RTH (month, d	lay, and year)	Mar 5	1398	I last saw h alive on	Zift.	29 193,	; death is said
7.	AGE	Years	Months	Days	If LESS than	to have occurred on the date state	d,above, at 6 • 1	5.Am	
		33	6	25	1 day, hrs.	The PRINCIPAL CAUSE OF DEAT ware as follows:	rH and ralated caus	ses of importance	1000 00000
z	8. Trade,	profession, or	particular e, as SPINNER,			D			Oate of onset
TION	SAV	VYER, BOOKKI	EEPER, etc.		use-wife	Julms	may		
A.	9. Industr	y or business k was done, as V MILL, BANK	SILK MILL,			telu	ec de		any
OCCI	10. Date de	eceased last w	orked at	11. Total t	ime (years) ntin this				1938
0	this	occupation (mr)	onth and	spe	nt in this upation				
	DIRTHRI	W (-14		Pa		Other Contributory Causes of impo	ortance:		
12		CE (city or town r country)	1)						
ER.	13, NAME	iri.	lliam.Br	ridges					
FATHER	14 PIRTUR	I ACC (aib., ac	town)	Pe		Name of operation		Date of_	
FA		ate or country)				What lest confirmed diagnosis?		Was there an	
ER	15. MAIOER	NAME !	Margart	Barthal	0	23. If death was due to external cau		-	
MOTHER	16 RIRTHE	I ACE (city or	town)		Pa	Accident, suicide, or homicide?			
M		ate or country				Where did injury occur?			
17	. INFORMANT		Willian	n Davia		Specify whether injury occurred in	(Specify city of n INDUSTRY, in HO	r town, county and St. OME, or In PUBLIC P	ate) LACE.
1.	(Addres			orland.	Nd				
18		emation, or	REMOVAL	oct	2.1931	Manner of injury			
7	· Place	1056 11.	111 000	Date	, 19	Nature of injury			
19	UNDERTAK	ER	John.C.	Wolford		24. Was disease or Injury in any w	ay related to occup	pation of deceased?	
	(Addres		Cumbe:	rland. I	ld	If so, specify			
20	FILEDOC	X-2	19.31. 1	arven?	Hel eis	(Signed)	Dur		
20			,		Registrar.	(Address)	33	2/00	
			If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Re	equesting V. S. No	. I.	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
500 1 100				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

N. B.

PLACE OF DEATH County A/A A NEW Village or City Western Port (No. MA	St.: Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE MARRIED, MARRIED, WIDOWED. OR DIVORCED (Write the word) Month (Month) (Day) (Year)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from Aug. 2 1931. to 1931. that I last saw hi Malive on 1931.
occupation (a) Trade, profession or particular kind of work Trade, profession or particular kind of work	and that death occurred on the data stated above, at 1.20 m. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER OTHER O	Contributory Secondary (Duration) (Duration) (Signed) (Signed) (Address)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
(Informant) Lester follows of MY KNOWLEDGE (Address) Prince MY No. (A	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS
Registrar	, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physiciam, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Parmer (rehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, ," etc., report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm loborer, without more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material (a) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia, 'b" Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (sccondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping "Debility" "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-("Congenital," cough; Committee on Chronic valvular heart disease; "Senile," etc.), "Dropsy, etc. Nomenclature of the The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be chtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10325
1. PLACE OF DEATH	920
County allegance	HIN CORPORATE LIMITS Registration Dist. No.
	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) Ll ds. How long in U.S. if of foreign birth?
2. FULL NAME Aller & 74. D	enson.
(a) Residence: No. 818 Booth Mechan	St. 9. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
male Colored Widowed	21. DATE OF DEATH Month) 2 (Year)
5a. If married, widowed, or divorced HUSBAND of Mamile Mosley Densor	22. HEREBY CERTIFY. That I attended deceased from 19.31 to Selver 23 19.31
6. DATE OF BIRTH (month, day, and yeer)	flast aw h_var aliva on Seht 23 , 19.3/ ; death is sald
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the dale stated above, at _2_Qm.
54 — - 1ddy,	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Or myocarditis 1921
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.	mitral regurgitation 1921
10. Oata deceased last worked at this occupation (month and spant in this	V () ()
yaar) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town).	
13. NAME Danier Dourse	Name of operation
(State or country) A Musa.	What test confirmed diagnosis?
15. MAIDEN NAME Maria Agerra	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Maria Columbia 16. BIRTHPLACE (city or town) Echlicard (State or country)	Accidant, suicide, or homicide?
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CANADA WAS (Address) Comment of the control of the c	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Compala Sept 15,19 31.	Menner of Injury
19. UNDERTAKER Joseph Men Jero (Address)	24. Was disease ar injury in any way related to occupation of deceased? MO
20. FILED Lest. 24, 19.31 Havey H. Whis. Registrar.	(Signed) whole Kuestant M. D. (Address) Cumbeland M. D.
	2411 N. Charles Street Beltimore Requesting 71 S. No. v.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Botton 1001	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1PLACE OF DEATH	10324 STATE OF MARYLAND
County allegant	CERTIFICATE OF DEATH
1 1 17.	Registration Dist. No.
Village or City Nesternhat (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME allew Dovi	tlon, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word) 4 COLOR OR RACE B SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Splewby 14, 193/
6 DATE OF BIRTH	17 / HEREBY CERTIFY, That I attended the deceased from
april 16, 1930	14/p/ 100 /2/ 1020/ 10 /4/ 108/
Month) (Day) (Year)	that I last saw h and alive on
7 AGE If LESS than	
1 yrs. Homos. 29 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	Je 10-TOPITIS
(a) Trade, profession or	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmos/de_
9 BIRTHPLACE	Contributory He by Straten high turbel
(State or country) Manylond.	Duration) yrs 78 2 ds.
10 NAME OF FATHER	(Signed) M. D.
M 11 BIRTHPLACE	(Address) / Mo lege for Ma
OF FATHER (State or country)	/*State the l'is ase Causing Death, or, in deaths from Violent Cluses, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mollie andywa	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place
OF MOTHER (State or Country) M and find,	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
(Informant) David Denomore	Former or usual residence
(monnam) - we a grant of the state of the st	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Same Hill Botton of ADDRESS
Filed 9/16 192/ Odes Onul	20 UNDERTAKER BURGES BALTIN M

If more b.anks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1.

V. S. No. 1

N. B.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foremun, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed g: ged in domestic service for wages, as Scruant, Cook, to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Campositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, etc., without more process. Farm laborer, Laborer—Coal mine, etc. Wom-For many occupations a single word or term on yrs). For persons who have no occupation But in many engineer,

Statement of Cause of Death—Name, first, the Disease Tauring Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid atic), "Atrophy," "Collapse, causing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite diseasc tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, resulting from childbirth or miscarriage as or intercurrent) cough; Chronic and consequences (e. g., sepsis, ," "Coma," "Convulsions, etc. The contributory affection valvular heart Nomenclature nced disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

		CUME		AND, MD.	WITHIN COL MEMORIA	Leath because in Thickinal or institution, give its NAME instead of street and na	War
2.	FULL NAM (a) Residence	BABY	DeV		vrsmos	St., Ward Over 15 of foreign birth?yrs mos	m
				CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX		. COLOR OR R	ACE HTTF		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH SEPT, 3, 1931 (Day)	193 (Year)
H	married, widowed IUSBANO of or) WIFE of	, or divorced		. DING	. 1712	22. Sept HEREBY CERTIFY, That I attended d	eceased fro
6. DAT	TE OF BIRTH (mo		ar) S	EPT,2,I	93I If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2.15 mA. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance	; death is s
ā	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				ormin.	President Britt.	Date of one
1000	work was done, as SILK MILL, SAW MILL, BANK, etc		nt in this				
12. BI	BIRTHIPLACE (city or town) CORRIGANS VILLE (State or country) MARY LAND				LLE	Other Coutributory Causes of importance:	
E	3. NAME M		eVOR	e Ennsylv.	ANIA	Name of operation	
E.	(State or co					What test confirmed diagnosis? Wes there an ex	utopsy?
본	15. MAIOEN NAME PEARL WILLISON 16. BIRTHPLACE (city or town) MARYLAND (State or country)				D	23. If deeth was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Dete of injury Where did injury occur?	, 19
17. iN	FORMANT M] (Address)	EMORIAI	- HOS	7.50	0	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
18. BU	Place Place	N, OR REMOVA	MAIN	Date Se	pt. 4.103	Manner of injury	
19. Uf	NOERTAKER (Address)	Too	rle	gans	ville, M	24. Was disease or injury in eny way related to occupation of deceased?	
20. FI	LEDSEPX	4,193	tk . 1	when	No. Registrar.	(Address) (Address)	0.

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	Kample LEIVE	DI	Example II	
The principal cause of dea of importance were as follow	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	V Transmer	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Belling	July 5, 1927	Peritonitis	3 days ago
· ·	ages control o restriction of			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				I

V. S. No. 1

STATE OF MARYL	AND—	CERTIFICATE (OF DEAT	H 103	24
1. PLACE OF DEATH	HIN CORP	OBATE LIMITS (8)		4	- 1
County County	11N-CORP	110	Registration Dis	st. No.	
Village or City Colombia Will	QI.	death occurred in a horpital or institut			
Length of residence in city or town where death occurredy	sinos	ds. How long in U.S. if of	foreign blrth?	yrsm	os ds.
2. FULL NAME	~ / -	wew	1		
(a) Residence; No. (Usual place of abo	de)	St., Ward.	If nonresident giv	e eily or town and	State
PERSONAL AND STATISTICAL PARTICUL	ARS	MEDICAL CE	ERTIFICATE C	OF DEATH	
4. COLOR OR RACE S. SINGLE, MARRIED, OR DAYORCED (with	W100WED,	21. DATE OF DEATH	Self (Month)	(Oay)	, 193 (Year)
5a. If merried, widowed, or divoyed			(7
HUSBANO of Otol Co	-	22. I HENEBY	SERTIFY.	That ettended	doceased rom
		- The state of the	il Con	145 7	1929
	31.	I last saw h alive off	144	190	; death is seid
	oy,hrs.	to heve occurred on the date state The PRINCIPAL CAUSE OF DEAT		of importance	
Or_	min.	were as follows:	n and rough courses	or importance	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER.	-	the	toon		
9. Industry or business in which work wes done, as SILK MILL,					
SAW MILL, BANK, etc.			- Cont	K. 10 1	
10. Oate deceased last worked at this occupation (month and yeer)	his				
Cemphalas		Other Contributory Causes of Impo	rtance!		
12. BIRTHPLACE (city or town) (State or county)	P		3.4	1200	
	relle			3-3	
I Woodron	1				
14. BIRTHPLACE (city or town)	Va-	Name of operation		Date of	
	1/1	What test confirmed diegnosis?			
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	20	23. If death was due to external ceu	\$ 100.7	n also the following	g: ,
0 16. BIRTHPLACE (city or town)	7	Accident, suicide, or homicide?	Da	te of injury	, 19
(State or country)	1	Where did injury occur?	(Specify city or to	wn, county and Sta	(e)
17. INFORMANT (Address) Cumberland, Md.	luis.	Specify whether Injury occurred in	INOUSTRY, in HOMI	E, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury			
Place 1 1 Lel celloate 7/05	1931	Nature of injury			
19. UNDERTAKER OFFICE STEERING (Address)	Lucy	24. Was diseese or Injury In eny w	ey related to occupati	on of deceased?	
20. FILEDELS 1. 5, 1931. Harvey He	Deis	(Signed)	2 Te	e C	M. 0
If more blanks are model allows	Registrar.	Address And Charles Street Baltimore Re	auertena T) C No.		-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
N. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.--Every item of information should be carefuily supplied. ACE should by stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD VITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE PLA V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Illeaany	CERTIFICATE OF DEATH
A A.	Registration Dist. No.
Village or City Susaculung (No	St.: Ward) (If death occurred in a hospitat or institution, give its NAME insteed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Soft 22: 1837 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 1 HEREBY CERTIFY, that I attended the deceased from 2 MM Sept. 2 2 198 /, that I last saw h & alive on Sept. 2. 2. 198 /,
7 AGE [If LESS than	and that death occurred on the date stated above, atm.
14 7 I day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	9
business, or establishment in which employed or (employer)	(Durstion) yrs mos de.
9 BIRTHPLACE (State or country) Manufand	Contributory Secondary (Duration)
10 NAME OF FATHER Stales Alexander	(Signed)
OF FATHER (State or country) MANUAL STATES (State or country) MANUAL STATES (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER Dodds	Accidental, Suicidal or Homicidal. **B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Draw John Dorlds	Former or usual residence
(Address) Jenacming And	Oak Hill Cemetry Jept 24-1936
15 Filed Sept 23 193/ 2 Con January	20 UNDERTAKER ADDRESS ADDRESS
	r, 16 W. Saratoga St., Belto., Requesting V. S. No. 1,

20005

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, Farm laborer, Laborer-Coal mine, etc. Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; Example: Measles (disease "Senile," etc.), "Dropsy, etc. The contributory " "Convulsions, Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

infor- state UPA-	4 DI AGE OF DEATH	CERTIFICATE OF DEATH
	County Allegany CROS	ATE LIMITS 46 Registration Dist. No.
item sho	THE CONFORM	death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement		100 and 100 an
RD.		St., Ward. Frostburg, Md. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR OLVORCED (write the word) Single	21. DATE OF DEATH September 15, 1931 (Month), 193 (Yaar)
BINDING FERMANE EXACTI y classified te.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.— 1 HEREBY CERTIFY. That I attended deceased from
1 1 2 8	60 2 1 day,hrs.	to have occurred on the date stated above, at 1:30 Ph.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance
- 70	8. Trada, profession, or particular kind of work dona, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc.	were as follows: Date olonse
RESERVED G INK—THIS GE should be that it may be ms on back of	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	of phary of
RESI VG INI AGE SI that it	11. Total time (years) this occupation (month and year) year)	Other Contributory Course of importance:
N DIN	12. BIRTHPLACE (city or town) Maryland (State or country)	- Child Colors of American
MARGI UNFA supplied n terms,	Edward Dufty	
- 00	(State of County)	Name of operation Oata of What test confirmed diagnosis? Was thara an autopsy?
weefully in pla	15. MAIDEN NAME Emma Trolloup	23. If death was due to external causes (VIOLENCE) fill in also the following:
	15. MAIDEN NAME EMMA Trolloup 16. BIRTHPLACE (city or town) England (State or country)	Accident, suicida, or homicide?
E PLAINLY, should be can OF DEATH	(Address) Cumberland, Maryland	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
E E E	De allanus Complexens Sept. 17 1931	Manner of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER Jacol Holer (Address) Fustburg Jud	24. Was diseasa or injury in my way related to occupation of deceased?
V. S. No.	20. FILED LEST. 16, 1931. Harve, H. Weiss	(Signate Par & Milyan Market and I make the and I m

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Dr.W.F. Williams

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II		
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BOLL	Andrew Control			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
Gallstones	May 1,1923	Gastroenteritis	+	
Ma	y 1,1923	Gastroenteritis	1 year	

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED MARRIED MARRIED MARRIED MARRIED MARRIED MARRIED MOnth Mon		PLACE OF DEATH Outside of County allegany City Limits Village or City Cumbulands. 1 R 2FULL NAME Stillborn	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ward a hospitul or institution, give its NAME instead of street and number.)
Ternale white MISONED CRESS CONTROLLED CONTR			
TAGE Samonthe international processes of the process of the processes of t		Tes le Certaile MARRIED, Dengle OR DIVORCED	3ept. 20, 198]
TAGE Sanoully intentional fless than I day hrs. Age Sanoully intentional fless than I day hrs. Iday hrs.		Sept. 23, 1931	17 Sept. HEREBY CERTIFY, That I attended the grows of from 1931. to 1931.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 DATE OF BURIAL 13 BIRTHPLACE OF MOTHER (State or Country) (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Filed LAD 3 1931. Harvey Halls (Address) 16 DATE OF BURIAL 20 UNDERTAKER PACADER NAME OF BURIAL 17 DATE OF BURIAL 18 DERTAGE OF MOTHER (State or Country) (Informant) 19 DATE OF BURIAL 10 DATE OF BURIAL 10 DATE OF BURIAL 11 BIRTHPLACE OF MOTHER OF MOTHER (State or Country) (Informant) 10 DATE OF BURIAL 11 BIRTHPLACE OF MOTHER (State or Country) (Informant) 12 DATE OF BURIAL 13 BIRTHPLACE OF MOTHER (State or Country) (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Filed LAD 3 1931. Harvey Halls 16 DATE OF BURIAL 20 UNDERTAKER ADDRESS PLACE PACAD 20 UNDERTAKER ADDRESS		7 AGE 5 months intracting If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 3:30 A m.
which employed or (employer) BIRTHPLACE (State or country) IO NAME OF FATHER II BIRTHPLACE OF FATHER (State or country) Cumberland II BIRTHPLACE OF FATHER (State or country) II BIRTHPLACE OF MOTHER OF MOTHER (State or Country) Cumberland II BIRTHPLACE OF MOTHER (State or Country) Cumberland II BLENGTH OF RESIDENCE (For Hospitals, Institutions, Transcients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence (Address) Cumberland And Former or usual residence II THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Cumberland And PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL DATE OF BURIAL COUNTERTAKER ADDRESS Registrar ANDRESS	Section 2	(a) Trade, profession or particular kind of work (b) General nature of industry	
10 NAME OF FATHER State & Easton 11 BIRTHPLACE OF FATHER (State or country) Cumberland field 12 MAIDEN NAME Cavic M. Jankin 13 BIRTHPLACE OF MOTHER (State or Country) Cumberland field 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) State & Easton (Address) Cumberland field 15 Filed P. J. 3 192 1. Harvey H. Weight of Burial Or Registrar (Signed) M. Hoddell M. Janking State (Address) Causing Death, or, in deaths from Julian Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 16 ELNGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death Julian Julian M. Julian		which employed or (employer)	Contributory Presentine bith Secondary Smooths intradiction
(State or country) 12 MAIDEN NAME Country Cumberland flid Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME Country Cumberland flid Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 13 BIRTHPLACE OF MOTHER (State or Country) Cumberland flid Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence S PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 Filed 1921 Advisory Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? State yrs mos ds. 19		FATHER Jua E. Carlon	(Signed) We Hodger y Rid
ients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? (Informant) Itaa E. Earlan (Address) Cumbuland India (Address) Filed 1943 1921 Harvey Hillis Registrar In the State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence. 9 PLACE OF BURIAL OR REMOVAL PARES At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence. 9 PLACE OF BURIAL OR REMOVAL PARES ADDRESS Registrar Parent Address At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence. 9 PLACE OF BURIAL OR REMOVAL PARES ADDRESS Registrar Parent Address		(State or country) Cumberland pro	 Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
(Informant) Ita E. Earlen (Address) Cumberland And Place of death? (Address) Cumberland And Place of BURIAL OR REMOVAL (Address) Splace OF BURIAL OR REMOVAL (Address) Spl		13 BIRTHPLACE OF MOTHER CAN Red and Medi	ients or Recent Residents) At place of deathyrsds.
(Address) Cumberland Ind Place of BURIAL OR REMOVAL Sept. 23, 1931. 15 Filed 1943 1921. Harvey Hillie By the Parent. Address Registrar By the Parent. Umberland.		112882	if not at place of death?
Filed J. J. 192) 1. Harvey T. Whis By the Parent. Cumberland		(Address) Cumbuland ma	· Cremated Sept. 23, 31.
		Filed 192 1 Navey Registrar	By the Parent. Culmberland

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Physician, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Civil engineer, Foreman, or At Home, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material and children, not gainfully em-Laborer-Coal minc, etc. Wom-Architect, Locomotive engineer, (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; " "Marasmus," "Old Age, or intercurrent) Chronic etc. affection need valvular heart disease; The contributory " Shock," not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SCORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY H UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.—WRITE PLAINLY, V

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- IMITS (19)
County allegany.	CORPORATE LIMITS Registration Dist. No. Registration Dist. No. Assy 6-2Ward
Village or City Currelland WITHIR	No. 16 Vigna and 5 Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME	Ewald IV.
(a) Residence: No. 14 Ve. Russ	3.(-2) Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the yord)	21. DATE OF DEATH
5a If married widowed or divorced	Month) (Day) (Year)
5a. If mairied, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY That lattended deceased from
	June 19, 1931, 10, Sufer B, 1971
6. DATE OF BIRTH (month, day, and year) 19-1931	I last saw h allve on Office 19th; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at
2 Trade profession or particular	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Control Control
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent this occupation	
200000000000000000000000000000000000000	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
I 13. NAME Journ W. Ewold V	
14. BIRTHPLACE (city or town) mary land	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Reserved 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT down 14 wold for	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAN CREMATION, OR REMOVAL	Manner of injury
Plate Journage Manual Date Jept 13, 193	Nature of injury
10 HIDERTAKED CANAL STEEL	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
20 FILED ED 12, 1971. Hawey Five's	(Signed) (Signed) M. C.
Registrar.	(Address) I I hades Mu
If more blanks are heeded, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH County Ligary County Ligary	10332
PLACE OF DEATH	STATE OF MARYLAND
County Megany	S CERTIFICATE OF DEATH
4 11 22	Registration Dist. No.
Village or City Trosthury (No. / M.	wes lottle Staff Ward) (If death occurred in a hospital or institu-
Bala Fel	tion, give its NAME in- stead of street and number.)
² FULL NAME	numor.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED WIDOWED. OR DIVORCED	16 DATE OF DEATH SEATH 192
(Write the word)	(Month) (Dsy) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h Santobert boken , 192 ,
7 AGE	and that death occurred on the date stated above, atm.
Illtoin I dayhrs.	The CAUSE OF DEATH * was as follows:
B OCCUPATION	Them - Titl
(a) Trade, profession or particular kind of work	The state of the s
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Centributory Secondary
I 10 NAME OF	(Duration) yrs mos ds.
FATHER James Smith	(Signed) M. D.
M 11 BIRTHPLACE OF FATHER OF FATHER	(Address) Dock or in death from
Z (State or country) 12 MAIDEN NAME TO STATE THE MAIN AND THE MAIN A	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Margaret Tolldown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
mes Smith	Former or usual residence will St teasthing Md
(Informant)	19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address of the Jumy	M//Ichaelo Clm 1, 150
Filed 1/2 1923 / New M. Registrar	20 UNDERTAKER ADDRESS ADDRESS Hestburg
If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an er," etc., without more process. Wom-laborer, Farm loborer, Loborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Solesman. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewifc, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropky,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease etc. The contributory valvular heart diseose; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state . Every item of inforof OCCUPA-Exact statement CORD IS A PERMANENT stated EXACTL properly classified. FOR BINDING UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be MARGIN RESERVED AGE should be mation should be carefully supplied. -WRITE PLAINLY V. S. No. 1 B

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10333
1. PLACE OF DEATH	Descride of 46
County Ollegan	Registration Dist. No.
Village or City. Corrigans welle, Ma	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth? yrs mos ds
2. FULL NAME Man C Flee	ele
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 9 - 2/ ,193 / (Month) (Oey) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Wolcoutine Fleagle	22. I HEREBY CERTIFY That I attended deceased from 193/. to
6. DATE OF BIRTH (month, day, and year) afe v1 1850	Hast saw he elive on Sept 20 1977; deeth is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete steted above, etm.
8/ 5 0 1 day,hrs.	The PRINCIPAL CAUSE OF OEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Out of the state o
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK etc.	Comes of Stomach
O. Oate deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation	Schoud
12 DIRTHE ACE (situat town)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Benjamen Burkett	
4. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CONCEA 13 OSTEL 16. BIRTHPLACE (city or town)	23. If death was due to external couses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
Stete or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT C. Carla Guaville Ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place / dralleum lettrate 1/ Vrf , 1931	Neture of injury
19. UNDERTAKER Louis Thew Jue	24. Was disease or injury in any way related to occupation of deceased?
20. FILED SEA 24183 L. Harvey Helen	(Signed) Allows M. (Address) Careful M.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ETD!	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	F 4 F
Gallstones	May 1,1923	Gostroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state of OCCUPA-CORD. Every item of infor-Exact statement stated EXACTL UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be B.-WRITE PLAINLY,

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

ż

STATE O	F MARYLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		1880	
County Allegany	20	Registration Dist. No. 4	
Village or City Cumberlan	d, Md. WITHING	Registration Dist. No. Registration Dist. No. No Nemous Hospital or institution, give its NAME instead of street and num	Ward
Length of residence in city or town where de			
2. FULL NAME Stillborn	whilek premat	ure birthstillborn	
(a) Residence: No.	(Usual place of abode)	St., Ware. If nonresident give city or town and St	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	a(C
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept. 22 ,1	93] . (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	0	22. I HEREBY CERTIFY, That I attended dec	
C DATE OF BIRTH ()	00/21		, 19
6. DATE OF BIRTH (month, day, and year) 9/ 7. AGE Years Months	Days If LESS than I day, hrs. or min.	to have occurred on the date stated above, at	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		mbuown,	Date of enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation, Gonth and	xxxxx	Insamplut abortion	
10. Date deceased last worked at this occupation (month and year)	11. Total timo (years) spent in this occupation	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
12. BIRTHPLACE (city or town) Cumbe (State or country)	rland, Md.	Other Centributory Causes of Importance:	*
E 13. NAME Columbus dac	kson Fleek		
13. NAME COLUMBUS Jac 14. BIRTHPLACE (city or town) Keyse (State or country)	r, w.Va.	Name ef operation Date of Was there an aut	
# 15. MAIDEN NAME Jennie L	ee Fleek	23. If death was due to external causes (VIOLENCE) fill in also the following:	Jpsys
15. MAIDEN NAME Jennie L 16. BIRTHPLACE (city or town) Keys (State or country)	er, W.Va.	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17, INFORMANT Jennie (Address) Kenner	- Fleek	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
Place Removal Hosp	t. Segt 22, 193	Manner of injury	
19. UNOERTAKER Premorio	I Hospital	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED Oct. 6, 1931. X	wey HUSer Registrar.	(Signed) A. Naw kurs (Address) Quel III III	M. D.
If more b	lanks are receded, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, mainter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial apphritis 04 5 1621	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAUVS			
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May £1928	· Gastroenteritis	1 year
- 4			

PHYSICIANS should state Exact statement of OCCUPA-CORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, W

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10331
1. PLACE OF DEATH	<u> </u>
County County	Registration Dist. No. / U
Village or City Mul Jovog	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	gsdg. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME	totor
	St. Ward.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (corrise the puper)	21. DATE OF DEATH
1 Dung	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. C / L H/EREBY GERTIFY, That I attended deceased fro
(or) WIFE of	- Sept 14 13/ to Cel 16 193/
6. DATE OF BIRTH (month, day, end year)	1 lest faw h IV are of lad dely / W 193/ death is sa
7. AGE Pars Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs	mera as follows:
8. Trade, projection of particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Date of ones
SAWYER, BOOKKEEPER, etc.	Vant
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Jul 17m1
0 10. Date deceased last worked et 11. Total time (years)	00 100
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) The Savage	Other Contributory Causes of importance:
(State or country)	
13. NAME Ellis Helthers	
13. NAME The Halley of Land of Color of	Name of operation Date of
(Stete or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME June Idella, Barnes.	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Turne della Stryes. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State er country)	Where did injury occur?
17. INFORMANT Sles H Klicky	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) Swede That	1
18. BURIAL, CREMATION, OR REMOVAL Place LOTTINGS Date 9/14 198	Manner of Injury
200° 71 + + + + + + +	Nature of Injury
19. UNDERTAKER CHIS HILLIGHT FORTILL	24. Was disease or injury In any way related to occupation of deceased?
(Address) Mt Yavogo mg	If so, specify DD 1111D
20. FILED 9/14 1931 14 4 JOGATHUMN	(Signed) A John M.
Registrar.	(Address) () (A)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none. B.V. B. T. B.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

tating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a elerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

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PLACE OF DEATH			1033	STATE OF	MARYLAND
County Allegeny	m-fry finn or not none observations to the find the finding of the first of the fir	-ADETE L	MITS (3)	CERTIFICATE	OF DEATH
	WITHIN COF	PUNA -		Registration	Dist. No.
Village or City	and (No.	10	05. Mary St	St.: 6-3Ward	(If death occurred in a hospital or institu- tion, give its NAME in
2FULL NAME	tillbo	m	Alon	ers -	stead of street and number.)
PERSONAL AND STA	TISTICAL PARTIC	ULARS	MEDIC	CAL CERTIFICATE	OF DEATH
sex 4 color or	MARRIED, WIDOWED.	R Single	16 DATE OF DEATH	Sept	193/
DATE OF BIRTH	(Write the word	1) 221-01		17	(Year)(Year)
Sep	t-1-1931	4	Supt	192/ to Del	VT 1 1931
(Month) (Day)	(Year)	that I last saw h.,	Valim on	Sept. 1. 1923.1.
7 AGE	0	If LESS than		rred on the date stated	above, at 11:30 Pm.
Still	mos. d	l day hrs.	The CAUSE OF DEA	TH * was as follows:	
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)		1	Contributory Secondary	***************************************	yrsde.
10 NAME OF ELWOOD.	J.Flowers	<	(Signed)	(Duration)	M. D.
11 BIRTHPLACE OF FATHER (State or country)	Pa	2.	*State the I Violent Causes, a Accidental, Suicidal	(Address)	or, in deaths from njury and (2) Whether
	netta. Wilso	on	18 LENGTH OF RE	SIDENCE (For Hospi	tals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)		Wva	At place of death yrs	mosds. In the	teds.
4 THE ABOVE IS TRUE TO THE	BEST OF MY KNOWL	EDGE	Where was disease con if not at place of des	tracted, uh?	
Eva. Wi	.lson		Former or usual residence		
(Informant) Cu		1d	Rose Hi	ll.Cemetery	Sept. 3.1931
5 Filed Sept 3 1983	Harvey	Weis	20 UNDERTAKER John . C . 1	Wolford Cu	ADDRESS mberland. Md
If more bian	ks are needed, address	State Registrat	, 16 W. Saratoga St.,	Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more previous creating, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a (a) Foreman, Civil engineer, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on especially in industrial employments, it is neces-Stationary fireman, etc. But in many (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephrilis, etc. The contributory Whooping cough; Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	1	PLACE OF DEATH	STATE OF MARYLAND
	/	County Alegany OPPO TELIMITE OF	CERTIFICATE OF DEATH
-	Vi	illage or City Figstlows (No. Mine	Registration Dist. No. 9 Registration Dist. No. 9 (If death occurred in a hospital or institu-
100		2FULL NAME John G	tion, give its NAME in- stead of street and number.)
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
o wo	3	SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH Sept. 25-th, 1931 (Month) (Day) (Year)
2	E	DATE OF BIRTH	17 / / I HEREBY CERTIFY. That I attended the deceased from
50 50	0	Sefet 29, 1872	Slot. 8 th 1931 Sept 25th, 1931,
	_	(Month) (Day) (Year)	that I last sew h Malive on Sigh. 25, 1921,
3	7	AGE If LESS than	and that death occurred on the date stated above, at 2.15 m.
	B	50 H 9/ 1 day hrs.	The CAUSE OF DEATH * was as follows:
1/9	1	yrs. mos. ds. or min.?	The state of the s
0		OCCUPATION (a) Trade, profession or	suptine of bladder, particle of it filled
-	¥ 1	particular kind of work	as a result I being struck by an
1		(b) General nature of industry business, or establishment in	automobile
0 -		which employed or (employer)	(Durstion)yrsmosds.
odu	9	BIRTHPLACE (State or country)	Contributory General sepsias. Cutsa
	-	1 10 NAME OF	(Duration) yrsde,
0		FATHER (Lentander Gasdnes	(Signed) M. D. Shit 27 103 (Address) midland. hel
0	S	11 BIRTHPLACE	
2	ENT	(State or country) Scotland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	AR	OF MOTHER OF SEAS / VINASANA	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	0.	13 BIRTHPLACE	ients or Recent Residents)
3		OF MOTHER	At place of death
	-	(State or Country) coilana	Where was disease contracted,
5	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
		(Informant) alexander Gardines	usual residence
		Charles (M)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
		(Address) Thuch was the	Oak Hill Genetery Jent 28, 1931
2	15		20 UNDERTAKER ADERESS
-		Filed / 2 192/. Registrar	III. Trich som Koraconugas
1	-	If more branks are needed, address State Registrer	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement ,, etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Melanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary Whooping inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- ALTS (GF)
County allegant	ORPORATE LIMITS Registration Disk. No.
Village or City Center Saud WITHIN C	No. Memorial Hosks, 6-1 Ward
(Ii	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmos ds
2. FULL NAME COURTE TOOKE	ye 1) O
(a) Residence: No. Yududu (Usual place of abode)	Ast Ward. Annure ident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fruelo Willow S, SINGLE, MARRIED, WIDOWED, OR WORCED (white the word)	21. DATE OF DEATH (Day) (193 (Year)
5a. If married, widowed, of divorced HUSBAND of	22. VHEREBY CERTIFY. Jhat I attended deceased from
(or) WIFE of Glorge Hoodure	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and lear) ON V 20 1870	Hast can he was alive on Sett 17 19'31; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
60 11 7 1 day, his.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hurridelin 9/11
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	111
	(Striles) / //
O 10. Date deceased last worked at this occupation (month and year)	
Q DU A Wa	Other Cuntributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
# 13. NAME Chlicam Meller	
E Padd (0)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
# 15. MAIDEN NAME awarda Swastywolde	What test confirmed diagnosis? Wes there an autopsyl
16. BIRTHPLACE (city of town) Bed hand Co	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city er town) 3edford 6	Where did injury occur?
Hongs Handen	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT Has Well State Control (Address)	opening whether injury occurred in INDOSTRI, in HOME, OF INFOREIO FERCE.
18. BURIAL, CREMATION, OR REMOVALLE OF O	Menner of injury
Place Dest pala Mello Pate 130, 1931	Neture of injury
10 HADEDTAKED Forces Steen dere	24. Wes disease or injury in any wey related to occupation of deceased?
19. UNDERTAKER CHARLES (Address) Currel Salared Mid	If so, specify
musical 28.31. Harven Miles	(Signed) No fell all 6 . Duno, M.
20. FILES 20. 1952 1 19 Registrar.	(Address) Cuium dald, Maj.
If more blanks are needed, address State Registrar	24re N. Charles Street Bellimans Personal TI S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II	
The principal cause of dea of importance were as foll	th and related eauses ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	141-	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1 100	1921	Run over by street car	1 week ago
Corebral hemorrhage	1	July 5, 1927	Peritonitis	3 days ago
	BUREAU			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	10338
1. PLACE OF DEATH		REGISTRATE LIMITS (83) Registration Dist. I No. Memorial Hospital.	
County Allegany,	- 00	REGISTRATE LIMITS Registration Dist. I	No.
	WITHIN GE	No. Memorial Hospital.	56-1 Ward
Village or City Cumberland	. MQ. (I	f death occurred in a hospital or institution, give its NAME instea	d of street and number)
Length of residence in city or town where deat	n occurredyrs,mo	sds. How long in U.S. if of foreign birth?	yrs ds.
2. FULL NAME John Gri	mm.		
		St., 3 Ward.	Dita
(a) Residence: No. 810 Sylv	(Usual place of abode)	If nonresident give cit	y or town and State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3. SEX 4. COLOR OR RACE 5. White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH SEPT . 1	Day) , 193. 1 • (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Eliza	beth Grimm	1 HEREBY CERTIFY Th	at Lattended deceased from
6. DATE OF BtRTH (month, day, and year)	May 1879.	I last saw alive on 2 15 1	, 19.34 ; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at _8:05_n	PM.
52 4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of inverse as follows:	,
8. Trade, profession, or particular		tarry	. Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	nemployed,	-	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. U 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
SAW MILL, BANK, etc	11. Total time (years)		
this occupation (month and year)	spant in this	4	
70017	out a patron	Other Contributory Causes of importance:	100.304
12. BIRTHPLACE (city or town) (State or country) Mary			
	land,	- Smet of sugar	morro)
H 13. NAME John Grimm	•)1
14. BIRTHPLACE (city or town). (State or country) Germ	o mar	Name of operation	Date of
(State of country) (GET II)	any,	What test confirmed diagnosis?	Was there an autopsy? 106_
# 15. MAIDEN NAME Pauline D	ecker,	23. If deeth was due to external causes (VIOLENCE) fill in als	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of	injury, 19,
(State or country) German	<i>y</i> •	Where did injury occur? (Specify city or town,	county and State)
	pital, Md.	Specify whether injury occurred in INDÚSTRY, in HOME, or	in PUBLIC PLACE.
18. BURIAL, CREMATION & EMOVAL	1.11 14 2	Manner of injury	
Place J. P. Warren U.	T, 19 0	- Nature of injury	
19. UNDERTAKER	no gras	24. Was disease or injury in any way related to occupation of	f deceesed?
(Address)	she I me	If so, specify	
la sura Sent 4 , 31 Ham	es Halos	(Signed)	# 1 M. D.

If more blants are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	and the same of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease, etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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		,		

ann. i	Registration Dist. No.	
/ / WITH	211 () 411	
	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)	
	s. ds. How long in U. S. if of foreign birth?yrsmosds.	
D H. K.		
Wared Humber		
(Usual place of abode)	St., / Ward. If nonresident give city or town and State	
TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
ACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	September 193/	
2 minute	(Month) (Day) (Year)	
	22. I HEREBY CERTIFY, That I attended deceased from	
une on.	Jan 1981, 10 Veto 5, 1931	
0 Fit 20 1881	t last saw h aliva on Sefo 5 , 193 / ; death is said	
inths Days If LESS than	to have occurred on the date stated above, at 1030 m.	
1 day, hrs.		
O or min.	were as tollows:	
Fortonan Iste Ince	- 11 - 12 R. 28. Que 28	-
A 0	2-11 5 -1-1 - 71	
yas co.	A la	
11. Total time (years) spant in this	11/100000	j
oc:upation		,
92 Va	Other Coutributory Causes of importanca:	
	2 And Harris One	
B ILambara	The state of the s	
o Jannyms	J	
02 900	Name of operation Date of	
4- 6-77	What test confirmed diagnosis? Was thera an eu!opsy?	
ha Mamo	23. If death wes due to external causas (VIOL ENCE) fill In also the following:	
101	Accident, suicida, or homicida? Date of injury, 19	
A III	Where did injury occur? (Specily city or town, county and State)	
O. Hankmo	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.	
myterland.	. '0	
X 82 11 9/1 3	Manner of injury	
19,19	Nature of injury	
stem) Inc.	24. Was diseasa or injury in eny way related to occupation of deceased?	
tulend ma	If so, specify	
Harvey H. Weis	(Signed) Little Municipal M. D.	
Registrar.	(Address) 4/ Excessed Combile	1
If more blanks are needed, address State Registrar.	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Exa	ample I		Example II	
The principal cause of deat of importance were as follow		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	0.000 0 1001	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Carl O Too	July 5, 1927	Peritonitis	3 days ago
	SUBEAU T	8 !		
Other contributory causes o	f importance:	Mart 1 January	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL CDACE FOR FURTHER STATEMENTS BY DUVSICIAN	
Embola Additional space for further statements by physician thruifly	in July 3
from a Reguest rout To Brain.	- facil
from which ord way a-teram.	- 25/2
Enobotion of lung with follow Softie threwen	- ang

If more blanks fre heeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private, family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Æ	example 1		Example II	
The principal cause of death and related causes. Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DET 0 1001	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	PUREAUA	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH	STATE OF MARYLAND
County Allgamy CORA	CERTIFICATE OF DEATH
PLACE OF DEATH County Corporat WITHIN CORPORAT	A Registration Dist. No.
Village or City (Mo. (No.)	ward) a hospital or institu- tion, give its MAME in- stead of street and
2FULL NAME JENNY STOWE	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 9-26-, 19231 (Month) 1 (Day) 493(Year)
6 DATE OF BIRTH Cotober 19, 1852 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Pattended the deceased from 1927 to 1924, that Vast saw h Legalive on 1924,
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at
a OCCUPATION (a) Trade, profession or Retired Cural Phinis	Chronic Mydradlia
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yremoede.
9 BIRTHPLACE (State or country) Manyland	Contributory Secondary Jurstion Tes
10 NAME OF FATHER CASPAN Hobell	(Signed) (Address) Sucherland M. D.
OF FATHER (State or country) Jermany	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER (MRRINING)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Germany	At place 3 yrs 2s mos 3 ds. In the State yrs de. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Sany Hoffeel	19 PLASE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address) Laraconing lillo	Ola Coney Screen Sept 29, 1931
15 Filed P 20193 , Have Huess	In Chickhon Spacening, Md.
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

40249

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pheumonia, Bronchopneumonia ("Pneumonia");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on Chronic etc. valvular heart Nomenclature The contributory not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	AL AND STATIS			
male	4 COLOR OR RAC	1	SINGHE	16 DATE
6 DATE OF BIRT	AUG 30		, 1	that I la
7 AGE	(Mon		If LESS than I day hrs.	and that
business, or esta	atry) MD	HOLLER		Contri Seco (Signed)
OF FATHER Z (State or o	CE R country)	PA		*St Violent Accide
12 MAIDEN N OF MOTHE 13 BIRTHPLA OF MOTHE	ER ELEM	O BRANT		18 LENG

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: 4 Ward)	(If death occurred is a hospital or institu
	tion, give its NAME is stead of street an

	01 DEATH.
6 DATE OF DEATH	
- ST. T // I 3 - 3I	, 192
	(Day) (Year)
17 I HEREBY CERTIFY, That I at	
1921 . to te	
hat I last saw h May alive on Day	12 , 1923/
and that death occurred on the date stated	above at 690
The CAUSE OF DEATH * was as follows:	
	/
april Ilea &	Olites
	T
	m/************************************
	yra, mos I de
Contributory Intertual 4	Heun
Secondary	8
	yrs mos d
Signed) Q R Q we	M. E
John 14 1931 (Address) Line	wheland le
*State the Disease Causing Death, Violent Causes, state (1) Means of It Accidental, Suicidal or Homicidal.	njury and (2) Whether
8 LENGTH OF RESIDENCE (For Hospi	
ients or Recent Residents)	
At place In the f death yrs	teyrsmos,de
Where was disease contracted, 90001	slie ne
ormer or sual residence	- MD.
9 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
HYMDMAN PA	SEPT 15 31
O UNDERTAKER	ADDRESS
TO I C W LEORD C MPT	DI AND D

Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Doy If the occupation has been changed

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal.meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by roilwoy troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) (Recommendations on statement of cause of death (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-(name origin; "Cancer" is lcss definite; avoid Chronic Example: Measles (disease etc. The contributory valvular hcart diseose; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

V. S. No. 1

N.	N. BWRITE PLAINLY, R. H UNFADING INK-THIS IS A PERMANENT ECORD. Every item of infor-	UNFADING INK-	THIS	IS A PE	RMANENT	ECORD. Every	item of infor-
9	mation should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state	upplied. AGE shou	ld be	stated E	XACTL	PHYSICIANS	should state
	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	terms, so that it ma	ay be	properly	classified.	Exact statement	of OCCUPA-
)	TION is very important. See instructions on back of certificate.	e instructions on ba	ck of	ertificate			/
			1	DECEMBER OF STREET			/

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Autside of (40)
County	Registration Dist. No.
Village or City berland	City Limits St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where deeth occurredyrsmos.	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Iva Blanch	Hughes
(a) Residence: No. Waldock Farm (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
temple white OR DIVORCED (write the word)	(Month) (Day) 193 Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Compared Comp	22. HEBY CERTIFY, That I attanded decaased from
6. DATE OF BIRTH (month, day, and year) april 22 1/1885	lest sawher aliva on suly 2 193 (; daath is said
7. AGE Yaars Months / Days) If LESS than	to have occurred on the date stated above, at 2.3 0Cm.
// (//) day, hrs.	The PRINCIPAL CAUSE OF DEATH end raleted causes of importance
1 2 Trade profession or particular	ware as follows:
8. Trade, profassion, or particular kind of work dona, es SPINNER,	Onuesa M Colon
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which	Cause Colores (1)
work was done as SILK MILL	and Bladar (2)
10. Date deceased last worked at this occupation (month and spent in this	(unitary)
yeer) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Charles or country)	•
W 13. NAME - Clifton	
13. NAME— CLIFTON ON THE STATE OF THE STATE	Name of operation Date of
14. BIRTHPLACE (city or town) (Stete or country)	
15. MAIDEN NAME Kooken	What tast confirmed diagnosis? Was there an autopsy?//
Ξ 7,	23. If death was due to exteroat causes (VtOLENCE) filt in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Lines Lee Hughes (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Cem. 2	Manner of injury
Piace Date Date 122, 19	Nature of injury
19. UNDERTAKER Ours Stelling me! (Addrass)	24. Wes diseese or injury in any way ralated to occupation of decepased?
20. FILED LED 17, 1931. Have Hiller	(Signed) Williams Devus M. D.
Registrar.	(Address) Describbland, Md.
If more blanks are moded address State Penistran	24xx N Charles Street Baltimore Requesting T) S No. x

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

0	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Y)	PHYSI-
	SORD	build it lated EXACTLY, PHYSI-may be properly classified. Exact
LDING	RMANENT	ould Late

PLACE	OF	DEATH
	-	

Allegany County

10345

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:	Ward)	a hospitai	occurred In or institu- ts NAME in- street and

	L NAME		2.4	St.: Ward) a hospital or institution, give its NAME in stead of street and number.)
PERSON	IAL AND STATIST	ICAL PARTICULAR	RS	MEDICAL CERTIFICATE OF DEATH
sex Femile	4 COLOR OR RACE White	MARRIED.	aried	16 DATE OF DEATH Sept 3.1931 , 192
6 DATE OF BIRT	Feb.13		(Year)	17 I HEREBY CERTIFY, That I attended the deceased from 9-3-3/, 192 that I last saw h 20 alive on 9-3-3/, 192
7 AGE	5 6	IfL	ESS than	and that death occurred on the date stated above, at 11.30 . A. The CAUSE OF DEATH * was as follows:
(b) General na	nture of industry tablishment in ed or (employer)	va		(Durstion) yts. 6 mos. ds. Contributory Secondary (Duration) yts. 6 mos. ds.
FATHER 11 BIRTHPLA OF FATHE (State or 12 MAIDEN	eountry)	Wva		(Signed)
OF MOTH 13 BIRTHPL OF MOTH (State or	ACE ER	ta Schaff Wv	a	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant)			E	Where was disease contracted, if not at place of death? Former or usual residence
	V-, 192 <i>31</i>	Willam	utis	20 UNDERTAKER ADDRESS John . C. Wolford Cumberland . Md

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise special minc, etc. Womlaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner; (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a 6 yrs). For many occupations a single word or term on For persons who have no occupation Locomotive engineer, not gainfully em

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, "Bronchopneumonia ("Pneumonia,")

Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "('Exhaustion,')" "(Heart failure,')" "Haemorrnage, "('Inanition,')" "(Marasmus,')" "(Old Age,')" "(Shock,')" "(Uraemia,')" "(Weakness,') etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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ample I		Example II		
h and related causes vs:	The principal cause of death and related causes of importance were as follows:	Date of onset		
0.00 0 1001	1915	Attack of epilepsy	1 week ago	
7.01.6	1921	Run over by street car	1 week ago	
BUREAU V	July 5, 1927	Perilonitis	3 days ago	
of importance:		Other contributory causes of importance.		
importance.	May 1,1923	Gastroenteritis	1 year	
	M Gy 1,1925	<i>Castroenterius</i>	1 year	
	ws:	h and related causes Date of onset ws: 1915 1921 July 5, 1927 of importance:	th and related causes of death and related causes of importance were as follows: 1915 Allack of epilepsy Run over by street car Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Dr.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage .	July 5, 1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			7.0

on

Exact		1PLACE	OF DEATH	ORATE	
	/	County 7	eneny-		14173 0,
properly elassified.	Vil	age or City	Westerr	port	(No
rije		2FULL	NAME		Charle
ope -		PERSONA	L AND STA	TISTIC	AL PART
should barrace EAACLE., it may be properly alassified s on back of certificate.	3 S	EX	COLOR OR	RACE 5	SINGLE, MARRIED, WIDOWED
32	Bul	le	White		OR DIVOR
D H	6 E	ATE OF BIRTH	4		
so that it			Decen	ber Month)	[] (Day
ms so that instructions	7 A				
INS INS		7.5	yrs.	9 m	08. 29
plain terms sont.	8 6	CCUPATION a) Trade, profe articular kind	ession or of work	Re	tired.
should be carefully supplied. E OF DEATH in plain terms so is very important. See Instruct	CE	o) General natu usiness, or esta hich employed	are of industrablishment in	У	
EATH impo	9 8	(State or count	try) maryl	and	
ould Very		10 NAME OF	R.A.Mi	ght	
CAUSE CAUSE CAUSE	ENTS	OF FATHER (State or c	ເ ທຸ	ylan	d
PATI	PARE	12 MAIDEN N	R 12	ry II	icheal
state		13 BIRTHPLA OF MOTHE (State or C	R 1,19	ryla	nd
ulc	14	THE ABOVE IS	TRUE TO TH	E BEST C	F MY KNO
Very Item of I			Roux		
CIANS		(Addres	ss) West	ernp	ort, .
10 0	15	Filed Oct	8 193.1	(A)	Y tun

1	0	3	4	8



ISTICAL PARTICULARS

(Day)

WIDOWED ... arried OR DIVORCED (Write the word)

...achinest

BEST OF MY KNOWLEDGE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

s Atkin K	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CULARS	MEDICAL CERTIFICATE OF DEATH
married	16 DATE OF DEATH Sentember 30, 1931 192 (Month) (Day) (Year)
, 1.854 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from any 6 1930 to Sept 30 , 193/, that I last saw him alive on Only 6 , 192/,
If LESS than I dayhrs.	and that death occurred on the date stated above, at 6.; p. m. The CAUSE OF DEATH * was as follows: Recute Wilibertion The Beart
st	(Signed). (Durstion) yrs. mos. de. Contributory My Condition 2 yrs. mos. ds. (Signed). (Address) Please NV o
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. State yrs mes de.
WLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
d. 0	Philos cemetery desternport desternport desternport desterns desterned oct. 2 , 1921
hu Lasin Registrar	20 UNDERTAKER ADDRESS LU / Fulloch Piedmont 1.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil ongineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the dutics of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, whatever, write None. business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Foreman, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Cotton mill; (a) Salesman. (b) Grocery; (b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation Locomotive engineer, not gainfully em-(h)

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or misearriage as "Puerperal septicacmia," "Puerperal peritonthis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Wcakness," etc., when a definite disease "Exhaustion," 10 ds. , Never report mere symptoms or terminal condior as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, pcritonaeum, etc., Carcinoma, Sarcoma, etc., of interstitial nephritis, 'name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ('hronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No.

m

PLACE OF DEATH	STATE OF MARYLAND
County allegheny.	CERTIFICATE OF DEATH
1	Registration Dist. No.
Will a to the to	
Village or City Westernpart (No	St: Ward) (If death occurred in a hospitul or institution, give its NAME instead of street and
FOLL NAME CAMES SHOWED TO	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mate White Single, MARRIED, Married. White Write (Write the word)	16 DATE OF DEATH LEpterater 22nd , 1931
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
april 8 18175	fky 3 - 1928 to hep? 23, 193;
(Month) (Day) (Year)	that I last saw h Ma alive on Ain 7, 192 ,
7 AGE	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
56 yrs. 5 mos. 14 ds. or min.	The CAUSE OF DEATH * was as follows:
OCCUPATION JIS. IIIOS, J. OT IIIII.	
(a) Trade, profession or	EATERS By P. T. L. May.
(b) General nature of industry business, or establishment in	3
which employed or (employer)	(Duration) Jyrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
1 10 NAME OF	(Duration) yrs mos ds.
FATHER Grace H. Kooken	(Signed), (Jux, 12, Mallungh, M. D.
11 BIRTHPLACE	4/73 1923/ (Address) 1 maxeupal 14
OF FATHER	*State the Disease Causing Deeth or in deathe from
Z (State or country) Durett Country	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER H HILL	At place of death yrs des. In the State yrs des.
(State or Country) Nanu County	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Ruth J. Kooken	Former or usual residence
(momant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Wishing M. , Ma.	Philas Cometery. Sept 74.031
15 / 22 - B. T. L. L. L.	20 UNDERTAKER ADDRESS
Filed Legs. 23 1981 (1) January Registrar	Will hadlack Bildwant W.
If more blanks are needed, addre a State Registral	t. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

10349

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Doy laborer, Form laborer, Loborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write Nonc. For many occupations a single word or term on yrs). For persons who have no occupation Stationary fremon, etc. But in many Architect, Locomotive engineer,

Strtement of Cause of Death—Name, first, the DISEAL. CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death use of "Tumor" for malignant neoplasms); Meosles, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid approved telanus) may be stated under the head of "contributory." corbolic ocid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condiby cough; Committee on Chronic etc. The contributory affection valvular heart Nomenclature need not disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RIBSATE			
	- H		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year.

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

V. S. No. 1

1. PLACE OF DEATH	MAKILAND—	CERTIFICATE OF BEATH 103	ol
~10	WITHIN C	Boolistastin Birt N. G	
Village or City	the COMPANY	No. Music Horfital St.,	War
Length of residence in city or town where	The state of	death occurred in a hospital or institution, give its NAME instead of street and nudeds. How long in U.S. if of foreign birth?mos	
2. FULL NAME (a) Residence: No. Ma	llbon La Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX M 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 9/17/3/(Day)	193 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended d	eceased fee
6. DATE OF BIRTH (month, day, and year)	117/31	I last saw h alive on	
7. AGE Years Months	Deys If LESS than 1 dey,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	None		
work wes done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent In this occupation		
12. BIRTHPLACE (city or town) 7	thing, and.	Other Coutributory Causes of Importance:	
13. NAME Russell a.	Lancorter		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	nett les.	Name of operation Date of What test confirmed diagnosis? Was there an au	itonsv?
15. MAIDEN NAME Mouth	Cornelia Mille	23. If death wes due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete er country)	thung, Mol.	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Martha (Address) Fronth	Cornelis toncaste	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
18. BURIAL, CREMATION, OR REMOVAL	7/	Manner of Injury	
Place	Date, 19	- Nature of injury	
19. UNDERTAKER (Address)) \ C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	24. Was disease or injury In any way releted to occupation of deceased?	
20. FILED	Registrar.	(Signed) Md (Address Hothy Md 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.	М.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10352
1. PLACE OF DEATH	- IMITS (27)
County allegany	Registration Dist. No.
Village of City (Phoenical And	No. 300 Hard St., 5-3 Ward death occurred in a horpital or instruction, give its NAME instead of street and number)
Length of residence in city-or-town where death occurredyrs,mos	ds. How long In U.S. of foreign birth?yrsmosds.
2. FULL NAME William & Lea	sure
(a) Residence: No. 316 Pulaske	St., 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR-RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (revise the word)	21. DATE OF DEATH teacher 2 4 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Mary Une Leasure	22. THEREBY CERTIFY. That I attended deceased from Sefer. 24, 1931
6. DATE OF BIRTH (month, day, and year) Left. 5 1884	LI last saw h my afre on Sefet. 24 , 1971; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 12:15 RM.
47 0 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as tollows:
8. Trade, protession, or particular kind of work done, as SPINNER, Yard Brahewell. SAWYER, BOOKKEEPER, etc	Chronic Cholecystites 1928
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date goesnation (month and specific business) 11. Total time (years) 12. Samulation (month and specific business)	0 st 0 st.
SAW MILL, BANK, etc.	acute Adotation of the Vernach 1193
The book patron (months and	Y
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(Stete or country)	
13. NAME alegarder beasure 14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town)	Neme of operation. Name Dete of
(State of country)	What test confirmed diegnosis?
15. MAIDEN NAME Frances Brusher 16. BIRTHPLACE (city or town).	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Maryllew Leasure (Address) Carbon Marylland and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAC	Manner of injury
Place De Date Sept. 76, 1934	Nature of injury
Laria House de la	24. Was disease or injury In any way related to occupation of deceased? 200:
19. UNDERTAKER THE SUCCESSION OF THE SUCCESSION	If so, specify
Vendat 21 Harry Harry	(Signed) Sua M.D.
20. FILED 7. J. J. J. L. L. Registrar.	(Address) Cincol heland, Mid.
If more blanks and deaded address State Peristres	acco N. Charles Street Relaimore Pequeting 71 S. No. 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH County allegany CORPORATE LIMITS OF	STATE OF MARYLAND
County allegany CORPORATE	CERTIFICATE OF DEATH
Village or City Front Hung (No. 33 /	Registration Dist. No. St.: Ward) (If death occurred in a heapital or institution, give ite NAME instead of street and
2FULL NAME Anna May	tion, give ite NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femall White Single, Married, Wildowed. OR Divorced (Write the word)	16 DATE OF DEATH 192/
6 DATE OF BIRTH (193/	17 I HEREBY CERTIFY, That I astended the deceased from [aug 7 4 192], to left, 192, that I last saw bellalive on Celebration, 192, 192, 192, 192, 192, 192, 192, 192
(Month) (Day) (Year)	0/151
7 AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	1 A A
8 OCCUPATION (a) Trade, profession or particular kind of work	Umbilical Temoschage
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmos/ds.
9 BIRTHPLACE (State or country) Frankfung Md	Contributory Secondary (Dyration) yrs
10 NAME OF Junes Lewis	(Signed) M. D. Sept 198/ (Address) The fine miles
IS BIRTHPLACE OF FATHER (State or country) Thury (State or Country) Thury (State or Country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Eva Broadwater	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Haysett Comd	At place of death yrs mos. ds. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of deeth?
(Informant) Jeven Lewis	usual residence
(Address) / Tasthug Md	Allo. Coen. Sept 1. 1931
Filed / 3/ NNMLaner	Garof Hafer Frostburgh
If more bianke are needed, address State Registra	r, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write Nonc. Housemuid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as (b) Automobile factory. The material For persons who have no occupation Architect, Locomotive engineer, (b) Grocery, Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature (Recommendations on statement of cause of death "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is lcss definite; avoid cough; Chronic Example: Measles (disease affection need not be etc. valvular The contributory heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

	STATE O 1. PLACE OF DEATH County Allegany Village or City Cumberlan	d. Md WITHIN COF	Registration Dist. No. 4 No. 231. Avirett Ave St., / death occurred in a hospital or institution, give its NAME instead of street and num	Ward
/	2. FULL NAME Joe . M	alcomb land. Md (Usual place of abode)	St., Ward. If nonresident give city or town and St.	
	SEX 4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept 20th 1931 (Month) (Day)	193(Yaar)
6.	(or) WIFE of	Malcomb g 30. 1904 Days If LESS than		ceased from ., 19 3) daath is sald
SECUPATION	on it ich, boothice en, blo	20 lanece Corpora f . America . Amcel	tion Pulmany demanting	Date of onset
1	10. Date deceased last worked et this occupation (month and year) 2. BIRTHPLACE (city or town) (State or country)	11. Total time (years) spent in this occupation	Other Contributory Causes of Importance:	(2)
Harry Malcomb			Name of operation	topsy? A
MOTHER	15. MAIDEN NAME FANNS Kel 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT Augusta. Pa (Address) Cumberla	Wva xton	23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? Where dld injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE	
	8. BURIAL, CREMATION, OR REMOVAL CENTRAL ROSE Hill CENTRAL PAGE JOHN.C.Wolf	Date Sept23.1931 ord	Manner of injury	No.
20	(Address) Cumberlan O. FILE De 22, 19 3 1. 15	awey Weightrar.	(Signed) (Address) (Addres	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, ctc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE F	FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 10354					
1. PLACE OF DEATH					
1. PLACE OF DEATH County Collegary Registration Dist. No. 4					
Village or City Cynhofeland, No. Allegany Arsfutal St., W. W. (If death occurred in a hypfilal or institution, give its NAME instead of street and number)					
Length of residence in city or town where death occurredyrsmos	1/ // /				
2. FULL NAME Strah Ellen	Il Savar 1 10 0 100				
(a) Residence: No. Imaland Pad — (Usual place of abode)	St., Ward. Md If nonresident give city or town and State				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (ruprice the word)	21. DATE OF DEATH				
Fernale Strite married	(Month) (Day) (Year)				
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lanes (h) "Suvan	22. I HEREBY CERTIFY, That I attended deceased from				
0 1.0 1076	Hast saw has alive on the 11 1931 death is said				
6. DATE OF BIRTH (month, day, and year) 1. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 100 R .m.				
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance				
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mennigilis (Aftic) Date of onset				
9. Industry or business in which					
work was done, as SILK MILL, SAW MILL, BANK, etc	-				
10. Data deceased last worked at this occupation (month and spant in this occupation occupation					
12 RIRTHPLACE (city of town) May land	Other Coutributory Causes of importance:				
12. BIRTHPLACE (city or town) Chrumy (State or country)	Dighetia Milletine				
# 13. NAME Patrick (O'Rouske	a canina fundame				
14. BIRTHPLACE (city or town)	Name of operation				
14. BIRTHPLACE (city or town). (State or country)	What test confirmed diagnosis? Was there an autopsy?				
15. MAIDEN NAME Mary Cavananch	23, If death was due to external causes (VIOLENCE) fill in also the following:				
15. MAIDEN NAME Mary Cavanany 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19				
S (State or country) Helands	Where did injury occur?				
17. INFORMANT Scharles Missowan (Address) Quidland, Ind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.				
18. BURIAL, CREMATION, OR REMOYAL Furthers	Manner of injury				
Place St Michael Memetery Date Sept 14, 1931	- Nature of injury				
19. UNDERTAKER M. Gichtram (Address) Griaconina M.	24. Was disease or injury In any way related to occupation of deceased?				
20. FILEDER 17, 19 31. Harry HUSe	(Signed) P. C. Barver M. D. (Address) Caralland M. D.				
If more blanks are needed, address State Registrar	and the state of t				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and relation of importance were as follows:	ated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	5257	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	907	July 5,1927	Peritonitis	3 days ago
		1111111		
	PTION	A TY 57		
Other contributory causes of importa	ince:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

V. S. No. 1

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	Every item of information should be carefully supplied. ACE should . Stated EX. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly a statement of OCCUPATION is very important. See instructions on back of certifical
	1

	, Kalence	
11	PLACE OF DEATH	10357 STATE OF MARYLAND
	100	CERTIFICATE OF DEATH
1	County alleghans	9 4
1		Registration Dist. No.
Vil	lage or City Barton (No	St.: Ward) (If death occurred in
	2 1 11 0	a hospital or institu- tion, give its NAME is stead of street and
	2 FULL NAME Inline Speecho	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	EX 4 COLOR OR RACE SINGLE, MARRIED. Practice	16 DATE OF DEATH CONT 16
4	WIDOWED. OR DIVORCED	192
fe.	male (Write the word)	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended the deceased from
6 1	DATE OF BIRTH	Sept. B 1031 to Sept. 16 1981
	aug: 2/ , 18/6	that I last saw h & alive on Sept. 13 1931.
-	(Month) (Day) (Year)	1 1
7 /	If LESS than I day	and that death occurred on the date stated above, at
	55 yrs. mos. /8 da. or min.?	Carcinoma of Uterus with
	OCCUPATION	General Metastasis
p	a) Trade, profession or articular kind of work	
V	b) General nature of industry	0 0
	viness, or establishment in hich employed or (employer)	(Duration) vrs. o mos da.
9 E	BIRTHPLACE	Contributory Secondary
	(State or country) Button, and	(Duration)mosds.
	10 NAME OF STATHER	(Signed) Caul R Willow M. D.
	Junge Reenhorn	Sept. 18 1931 (Address) Piedmont, W.Va.
TS	11 BIRTHPLACE OF FATHER	*State the Piscase Causing Death, or, in deaths from
Z	(State or country) Carbonsul	Violent Causes, state (I) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AR	12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a	13 BIRTHPLACE	ients or Recent Residents)
	OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
	(State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea.h?
14	A M. A.	Former or
1	(Informant) e) eorge W / My	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
	(Address) Sel md'	But to Ma Story 3/1
-	11/11/11/11/11/11	20 UNDERTAKER APPRESS
15	Filed Auf 1920, LED Ell'ella Registrai	A- 1 8 B - 0 B. T - md.
=		16 W Santown St. Balto Requesting V S. No. 1
	If more banks are needed, address hate Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Doy laborer, Farm laborer, Laborer—(val mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g: ged in domestic service for wages, as Scrvont, Cook, definite salary, may be entered as Housewife, Housenature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of whatever, write None. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons ployed as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. household only Physician, Compositor, Architect, Foremun, or At Home, and children, not gainfully em-For many occupations a single word or term on y1.8). (b) Cotton mill; (a) Salesman. For persons who have no occupation (b) Stationory fireman, etc. But in many (not paid Housekeepers who receive a Automobile factory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing (secondary approved by Committee on Nomenclature of the (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." as fracture of skull, carbalic acid-probably suicide. The n.ture of the injury Examples: Accidental drowning; Struck by roilway train-"Uraemia," "Weakness," etc., when a definite disease Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) perilonaeum, etc., Careinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY interstitial nephritis, death), 29 ds.; Bronehopneumonia (secondary), (name origin; "Cancer" is less definite; avoid or intercurrent) Chronie and consequences (e. g., sepsis etc. The contributory valvular heart disease; affection need Measles, not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Mo. 1.

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Example I		Example II		
The principal cause of death and related cause of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:	roas.	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1/ S
County Legany	NOORDRATE LIMITS (8) Registration Dist. No.
Village or City Tanto or faced Md WITH	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME DILLE DOYN	eller,
(a) Residence: Next Logain Hospital	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATHS elf. 12
Malen 1/0110 lingle	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	, 19, to, 19, 19
6. DATE OF BIRTH (month, dey, end year) Sept 12 1931	I last saw h elive on ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
O O O I day, hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	St. i. B
SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at 11. Total time (years)	01001101120
SAW MILL, BANK, etc.	ſ
this occupation (month and spent in this	at term
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Crest 601 aug cl, pd	
(State or country) Marffauld.	
13. NAME Charles Initier 14. BIRTHPLACE (city or town) Logarnacy 4.	
7 14. BIRTHPLACE (city or town) LOTING 41	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME CANIE, B. Hager 16. BIRTHPLACE (city or town) Cumber Cangle	23. If death was due to external causes (VIOLENCE) fill In also the following:
	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maryfaux	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT Charles Miller,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Yakkey Road, 2 milesout	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 4 1 (1989 Date) 0 14 , 1931	Nature of Injury
19. UNDERTAKER	24. Was disease or injury In any way related to occupation of deceased?
(Address) In O (NOUT DEV,	If so, specify
20. FILEDULAT. 19.31 Hand	(Signed) M. D
Registrar.	(Address) Sur Property
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

10050

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Car.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	87-5
	County allegans	Registration Dist. No. 4
	Village or City Carelalland WITHIN C	ORPORATE LIVE
A	· (If	death occurred in a hospital or institution, give its NAME instead of street and number)
/	Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Laurence C/M	ook
	(a) Residence: No. 7 Potomac	St.6 - 3 Ward.
-	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give eity or town and State MEDICAL CERTIFICATE OF DEATH
-	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	OR DIVORCED (write the word)	and of
	5a. If married, widowed, or divorced	(Month) (Oay) (Year)
	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That attended decoased from
	A /	10 0 10 0 1 1931
3	6. DATE OF BIRTH (month, day, and year) NEC 8 1918	i lest saw h ; death is said
	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the dete stated above, atm.
	V 9 16 or min.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
N	8. Trade, profession, or particular kind of work done, es SPINNER,	Al last the
4	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	organocipolarin wego
Day	work was done, es SILK MILL, SAW MILL, BANK, etc.	1929
	10. Date deceased last worked at this occupation (month and spent in this	
211	year) oscupation	Other Cuntributury Causes of importance:
27	12. BIRTHPLACE (city or town)	Cinci Cautibatary Cause of Importance.
1	(State or country)	
CHINA	14. BIRTHPLACK (city or town)	
3	14, BIRTHPLACE (city or town)	Name of operation
1	(State of Country)	What test confirmed diagnosis? Was there en autopsy? W
arra de	15. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. State or country	23. If death was due to external causes (VIOLENCE) fill in elso the following:
5	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
1	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT James 1. 1/wng	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
-	18. BURIAL, CREMATION, OF REMOVAL	1.30
2	Place AV PCA Ceux Date Sept 26 1931	Manner of injury
5	LiAil	Neture of injury
	19. UNDERTAKER (Address)	24. Was disease or injury in eny way related to occupation of deceased?
	12.4252174 2HILL	(Signed) MEX3 QWINZ M.D.
	20. FILED Dept. : La 19.3 Le D'arrey IV de Registrar.	(Address) / 8 3 2 2
-		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURBAU V.S.	July 5, 1927	Peritonitis	3 days ago
	DA	(A)		
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gollstones		Moy 1,1923	Gostroenteritis	1 year

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1 0	PLACE OF DI				CERTIFICATE OF DEATH 103	61
1		egany		- IIN COR	PORATE LIMITS (A) Registration Dist. No. 4	
	Village or City	Cumbe:	rland	ATHIR CO.	No. St.,	Ward
		in city or town where	death negured		death occurred in a horpital or institution, give its NAME instead of street and no	mber)
2 5	FULL NAME	Stios	2 hor	L.)n	proces	
2	(a) Residence: No	142	Hanover		St., 2 Ward.	
-			(Usual place of		If nonresident give city or town and S	itate
		AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX	? W	hite	5. SINGLE, MARK OR DIVORCED Single	(write the word)	21. DATE OF DEATH Sept. 11,	193 1 (Year)
H	married, widowed, or USBANO of or) WIFE of	divorced			22. I HEREBY CERTIFY, That I attended d Sept. 11, 1931, to Sept. 11,	
6. DAT	E OF BIRTH (month	, day, and year) S	ept. 11,	1931	Hast sawit studitorn on Sept. 11, 19	
7. AGE		Months	Oays	If LESS than 1 day, hrs. or min.	to have occurred on the date steted above, at. 2.42 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8.	. Trade, profession, o kind of work do SAWYER, BOOK	or particular one, es SPINNER, KEEPER, etc.			Stillborn foetus - 1 month.	Date of onset
CUPA1	l Industry or busines work was done, SAW MILL, BAN	ss in which as SILK MILL, IK, etc				
3 10.	. Oate deceased last this occupation year)	(month and	11. Total tin spen occu	me (years) t in this pation	Other Contributory Causes of importance:	
12. B1R	RTHPLACE (city or to (State or country)	wn)G	umberlan	d, Md.	Other Controllery Causes of Importance.	
œ 13.	. NAME	Joe Mo	rrocco			
FATHER 14.		or town) Ita	1y		Name of operation Oete of	
-	(State or countr				What test confirmed diagnosis? Was there en au	topsy?
x -	. MAIOEN NAME . BIRTHPLACE (city ((Stete or count)	or town)	ena DeFe Italy	lippis	23. If deeth was due to external ceuses (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	
17. INF	ORMANT	oe Morro			Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	ce.
18. BUF				t.11,19. 3	Manner of injury	
19. UNI	DERTAKER JOE (Address)	Morrocc Cumberla	o. Paren	t.	24. Was disease or injury In ony way related to occupation of deceased?	
20. FIL	1 200	1,1931,4	away 1	Heis Registrar.	(Signed) Cumberland, Md.	M. D.
		If more	blanks are bedded, as	ddress State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	. 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	10362 STATE OF MARYLAND CERTIFICATE OF DEATH
County County	Registration Dist, No. /2
Village or City Middle (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Suight WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Sept. 1th, 1931 (Month) (Day) (Year)
6 DATE OF BIRTH March 10th (Month) (Day) (Year)	that I last saw hullalive on Sept. // the 199/
7 AGE If LESS than day hrs. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) manyland 10 NAME OF FATHER manshall mortin 11 BIRTHPLACE	(Signed) M. D. (Address) midland. Ind.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs mos ds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Weeklall Martin	Where was disease contracted, if not at place of dea.h? Former or usual residence
(Address) midland- Mayland Filed Sept 12 1981 P. Staken Registrar	allgang Sept 13th, 1931 20 UNDERTIKER J. ABDRESS LOSTANDERS Hosting- Ind.
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

10000

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. For many occupations a single word or term on yrs). For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal condi-Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify al (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed address State Resistratives I N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish caret illrethe different kinds of gineers by stating the full descriptive titles, as civil engineer, mechanical different kinds of gineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chance interstitial negaritation	2 20021	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



Dr. Revnolds

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Example 1		Example II	
The principal cause of death-and-related causes of importance were as follows: Arteriosclerosis	- 100	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAU V.			
Other contributory causes of importance:	3. ~	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

St	1. PLACE OF DEATH	· INALTS (/	
ould st	County allegany.	CORPORATE LIMITS Registration Dist. No.	
should f OCC	Village or City Com Serland WITHIN	No. 226 Arch St. 6 - Ward	
s of	(III	death occurred in a horpital or institution, give its NAME instead of street and number)	
nt NS	Langth of residence in city or town where death occurred V. Q. yrsmos.	ds. How long In U.S. if of foreign birth? yrs. mos. ds.	
CIANS	2. FULL NAME William Rother Street	d Recl	
YSIC	(a) Residence: No. 226 Anch St	St., 6—Ward.	
PHYSICIANS ct statement	(Usual place of abode)	If nonresident give city or town and State	
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE OR OLVOR CED (write the word)	21. DATE OF DEATH (Month) (Day) (Day) (Page)	
X A C T I	5a. If married, widowed, or divorced HUSBAND of	22. / I HEREBY/CERTIFY Job 1 attended daceased from	
Aass	(or) WIFE of	3. 1. 19 31 to 9-24-1931	
	6. OATE OF BIRTH (month, day, and year) April 18 1911	I last saw har alive on 19- 19 34; daath is sald	
rly rly	7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at	
stated E properly certificate	20 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance	
sta pr	8. Trade, profassion, or particular	ware as follows:	
of of	kind of work done, as SPINNER, Clerkes.		
ould may back	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Menony	
should it may	SAW MILL, BANK, etc		
CO TO	this occupation (month and spant in this occupation	Chree of	
AGE so that ctions	Charles .	Other Contributory Causes of importance:	
	12. BIRTHPLACE (city or town) (State or country)		
illy supplied. AGI plain terms, so tha			
in in	13. NAME Walter 14. BIRTHPLACE (city or town)		
sul in t	[14, BIRTHPLACE (city or town) (State or country)	Name of operation Date of	
pla pla		What tast confirmad diagnosis? Was there en autopsy?	
be carefull EATH in p important.	15. MAIOEN NAME Bessie Corbett	23. If daeth was due to external causes (VIOL ENCE) fill in also the following:	
car CH ort	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
ld be car DEATH y import	State ar country)	Where did Injury occur?(Specify city or town, county and State)	
	17. INFORMANT STALLE TELL.	Spacify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.	
should OF D	(Address)		
is E	Place Harrich halpate Och V 1931	Mannar of Injury	
mation CAUSI	1100	Natura of injury.	
mation shou CAUSE OF TION is ver	19. UNDERTAKER And Steam Inc.	24. Was disease or injury in any way ralated to occupation of decaasad?	
à	1 3 Jan 200 300 10	(Signed) Bu- Allrando	
	20. FILE Registrar.	(Addrast) 10 Jack	
	A STATE OF THE STA	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

STATE OF MARYLAND-CERTIFICATE OF DEATH 10366

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	PECE VEL	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OUT 8 1931	July 5,1927	Peritonitis	3 days ago
	with CAU 'A.	1		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUL	THER STATEMENTS	BY	PHYSICIAN
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Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	72	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

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1. PLACE OF DEATH County Village or City FROM The County Length of reddence in city of from where death occupyed. Ward Length of reddence in city of from where death occupyed. Ward (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: No. (e) Residence: No. (e) Residence: No. (e) Residence: No. (e) Residence: No. (f) Residence: No. (how for in U. S. I of foreign birth? (e) Residence: No. (how for in U. S. I of foreign birth? (e) Residence: No. (how for in U. S. I of foreign birth? (how for in U. S. I of foreign birth? (how for in U. S. I of foreign birth? (how for in U. S. I of foreign birth? (how for in U. S. I of foreign birth? (how for in U. S. I of foreign birth? (how for in U. S. I of foreign birth? (how for in U. S. I of foreign birth? (how for in U. S. I of foreign birth? (how for in U. S. I of foreign birth? (how for in U. S. I of foreign birth? (how foreign and the county of the was and State (how foreign and the county of the was and State (how foreign and the county of the was and State (how foreign and the county of the was and State (how foreign and the county of the was and State (how foreign and the county of the was and State (how foreign and the county of the was and State (how foreign and the county of the was and State (how foreign and the county of the was and State (how foreign and the county of the was and State (how foreign and the county of the was and State (how foreign and the county of the was and State (how foreign and the county of the was and State (how foreign and the county of the was and State (how for	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10365
Village or City. Filted F	1. PLACE OF DEATH	920
Length of residence in city of town where death occurged. J. FULL NAME. (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residenc	/ County allegary,	Registration Dist, No.
2. FULL NAME (a) Residence: No. (Unalplace of abody) PERSONAL AND STATISTICAL PARTICULA/RS PERSONAL AND STATISTICAL PARTICULA/RS 1. SSX 1. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED OR PHYSICAL CHART OR PHYSICAL CHART (Cay) 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF BIRTH (month, day, and year) (Cry) Wife of Order (Cry) Wife of	Village or City # frost frug	
(Usus) place of shocks) PERSONAL AND STATISTICAL PARTICULA/RS 3. SEX 4. COLOR OR RACE OR BUYONECD survives with support OR BUYONECD survives with support Of S. If married, windowed, or diverged on the survives with support Of GOT WHE of STRING MARRIED, WIDOWED OR BUYONECD survives with support Of GOT WHE of STRING MARRIED, WIDOWED OR BUYONECD survives with support Of GOT WHE of STRING MARRIED, WIDOWED OR BUYONECD Survives with support Of S. If married, windowed, or diverged of the REE BY GERT I FX S. If married, windowed, or diverged on the date stated above, at 1.50 S. Trade, profession, or particular window or min. S. Trade, p	Length of residence in city of town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
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So. If married, widowed, or divorced HUSAND PART 193 10 10 10 10 10 10 10 1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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What test confirmed diagnosis? Was there an aulopsy? In the state of t	H Is want to the first the	
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19. UNDERTAKER TO Sichholm (Address) Of many May related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) O. A. Was Using M. D. Registrar. (Address) Frustury M. D. (Address) Frustury M. D.	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
20. FILED (Address) Freshlung M.D. (Signed) (Address) Freshlung M.D. (Address) Freshlung M.D.	Place William Charles of Date of fly 12, 19	Nature of injury
20. FILED (Signed) A. CONKUY T.D. D. Registrar. (Address) Fresh burg M.D.		24. Was disease or injury in any way related to occupation of deceased?
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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The same of the sa			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10368
1. PLACE OF DEATH	<u> </u>
County Cellogy 47	Registration Dist No.
Village or City Tues Wife	No. Holla Stocked Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME/instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME SULLA AUS	N- Hilchie
(a) Residence: No. August 1970	Test, X Naug
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Timbersons - W OR DIVORCED (write the word)	9 (Month) 8 (Day) 193 (Vear)
5e. If mariled, widowed, or divorced HUSBAND of (or) WiFE of	22. I KEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) 9-3-1931	I last saw h live for 19 , 19 ; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, et
1 day, mis.	The PRINCIPAL CAUSE OF DEATH and selfred causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city of town)	Mame of operation
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
E MARKETTINA	23.1f deeth was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State er_country)	Where did injury occur?
Dillian Golden	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	opecity whether injury occurred in industria, in nome, or in robello reace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
PlaceDate	Neture of Injury
10 IMPERTANCE	24. Wes disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	if so, specify
20. FILED /15, 1931 Di A.OM Lane A	(Signed) M. D.
20. FILED Registrar.	(Address) True True That
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis III A II V S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S. No. 1

M ż

C	PLACE OF DEATH County alle yany	10369	STATE OF N	OF DEATH
Vill	age or City Barton (No	rhertoin	Registration E	6
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
3 8	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	Supt 6 (Month)	(Day) S (Year)
6 D	ATE OF BIRTH (Month) (Day) (Year)	17 HEREBY	CERTIFY, That I atte	nded the deceased feor
7 A	ge If LESS than I dayhrs. ds. ormin.?	The CAUSE OF DEA	rred on the date stated TH * was as follows:	nborestern (Conb.)
(b)	articular kind of work O General nature of industry usiness, or establishment in hich employed or (employer)	Contributory	(Duration)	
S	10 NAME OF FATHER Gladatine Roberton	(Signed)	(Address) Bu	M. I
ARENTS	OF FATHER (State or country) Bartur, M		viscase Causing Death, tate (1) Means of Injor Homicidal.	
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs	mosds. In the State	yrsd
14 7	(Informant) Gladstru Poleston	Former or	U OR REMOVAL	DATE OF BURIAL
	(Address) Barty md	Gernated	L OR REMOVAL	84+6 , 1931
15	Filed Al 18 1923 TESTILLIAN Registras	20 UNDERTAKER		ADDRESS

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia. For many occupations a Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy single word or term on not gainfully em-Grocery,

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by causing death), 29 ds.; Bronchopncumonia (secondary), approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railwoy troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(E:haustion," "Heart failure," Liaemormage,
"(Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (mcrely symptom-Whooping cough; use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid for malignant neoplasms); Meosles; Chronic etc. The contributory valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

RESERVED

MARGIN

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Example I	St. Carlot	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
DOT A	251		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones TYPE L. A. V	May 1,1923	Gastroenteritis	1 year

11	A-te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	infor stat UPA	1. PLACE OF DEATH	WITHIN CORPORATE LIMITS Registration Dist. No. 4
	2.0	County alle a any	WITHIN CORPORATE Registration Dist. No.
1	should of OCG	0 1/1 // 6/1	
1	should of OCC	Village or City Complete Conference of City	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	. 70	Langth of residence in city or town whera death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsds.
	Every CIANS tement	2. FULL NAME Glla In Sand	us.
		(a) Residence: No. 1556 & Onechamie	St. 2 Ward.
	OHYS.	(Usual place of abode)	If nonresident give city or town and State
/	of The	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
/:	Exact	3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	21. DATE OF DEATH
		Temale. White OR DIVORCED Girrice the word)	(Month) (Day) (Year)
ZG	T L ied.	5e. If married, widowed, or divorcad	(month) (bus) (four)
BINDING	MANEN ACTI assified	HUSBAND of CO. WIFE of CO. D. O. O. D.	22. IHEREBY CERTIFY, That I attended deceased from
Z	KM X cla	1 1690	, 19× 1 , to , 19
B]	E E	6. DATE OF BIRTH (month, day, and year)	I last saw h aliva on 24,192 ; deeth is said
24	A led	7. AGE Yaars Months Deys If LESS than If day, hrs.	to have occurred on the date stated above, at
FOR	IS A PE stated E properly certificate	70 8 2 D or min.	were es follows:
	S a a s	8. Trade, profession, or particular kind of work dona, as SPINNER,	socional succertage. Popt 2x
臣	H q q	SAWYER, BDOKKEEPER, etc. 9. Industry or business in which	Ryperturion. 1924
RV	Should it may n back	work was done, as StLK MILL, SAW MILL, BANK, etc.	Chione y carbillo 1924
豆	Sho t it r	10. Date deceased last worked et 11. Total time (yeers)	thong valous alsolys 1924
IT.		this occupation (month and spant in this occupation)	
24		Chan la d	Dther Contributory Causes of importance:
Z	DIT L So ucti	12. BIRTHPLACE (city or town) 12. (State or country)	med Ci
52	UNFA supplied n terms, ee instru	E 13. NAME John Hickes	
AI			
Z	suj in t	14. BIRTHPLACE (city or town) Sarry Cared (State or country)	Name of operation
	nlly sin		What test confirmed diagnosis? Was there an eulopsy?
	INLY, W be carefull EATH in p important.	15. MAIDEN NAME Same Sa Brand	23. If daath was due to extarnal causes (VIDL ENCE) fill In elso the following:
	ort H	16. BIRTHPLACE (city or town). Any Carry Carry (State or country)	Accident, suicida, or homicide?
	m Per Min	Colate of Country)	Where did injury occur? (Specify city or town, county and State)
	PLAINLY, hould be car OF DEATH very import	17. INFORMANT Mary ffould	Specify whather injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
	S PLA Should OF D	(Address) 18. BURIAN CREMATION, OR REMOVAL	
	E E E	Spece Letter & Dauls Come Date Seld 5 1931	Manner of Injury
	WRITE mation sl CAUSE TION is	A. 0+1a	Nature of injury
-	CA	19. UNDERTAKER OLL STEERS STEERS	24. Was disease or injury in any way related to occupetion of deceased?
S. No. 1	a.)	(Address) Carolina da Mar.	If so, specify
eci /		20. FILEDSEPT. 4, 1931. Havey V. Weiss	(Signed) M. D.
>	FI	Registrar.	(Address) [22]
*		If more blanks are speeded, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Exa	ample I	8	Example II	
The principal cause of death of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OCT 6 193	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5, 1927	Peritonitis	3 days ago
		500		
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gustroenteritis	1 year
		I II		

V. S. No. 1

PLALY, 19 of information uid state CAL	TE PLA LLY, WITH UNFADING INKTHIS IS A PERMANENT I CORD	hould state CAUSE OF DEATH in plain terms so that it may be properly class
	PLA LY, WITH UNFADING	of information should be carefuld state CAUSE OF DEATH In

2F	ULL NAME Francis.Screen, J	tion, give i stead of number.)
	ONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 6 DATE OF B	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Marie	16 DATE OF DEATH Sept 7.1931 (Month) (Day)
6 DATE OF B	July 15 1878 , 1 (Year)	17 I HEREBY CERTIFY, That I attended the de
7 AGE	If LESS that	an and that death occurred on the date stated above, at
particular k (b) General	profession or industry R.R.Co	The CAUSE OF DEATH * was as follows: (Colic) (Colic) (Colic)
(a) Trade, particular k (b) General business, or	yrs. mos. ds. or min profession or industry R.R.Co restablishment in restablishment	Contributory Secondary
(a) Trade, particular k (b) General business, or which empl	yrs. mos. ds. or min ON profession or sind of work Baltimore. And Ohio nature of industry R.R.Co cetablishment in oyed or (employer) DE country) Md	Contributory
(a) Trade, particular k (b) General business, or which empl 9 BIRTHPLAC (State or 10 NAME FATHE 11 BIRTHI OF FATE 2 U (State	yrs. mos. ds. or min Profession or sind of work Baltimore. And Ohio nature of industry R.R.Co restablishment in oyed or (employer) Ecountry) Md OF R Francis Screen PLACE THER or country) England.	(Duration) Contributory Secondary (Signed) (Signed) (Address) (State the Disease Causing Death, or, in death
(a) Trade, particular k (b) General business, or which employed business, or which emp	yrs. mos. ds. or min Profession or sind of work Baltimore. And Ohio nature of industry R.R.Co restablishment in oyed or (employer) Ecountry) Md OF R Francis Screen PLACE THER or country) England. England. EN NAME THER Mary Gulford	(Duration) (Signed) The CAUSE OF DEATH * was as follows: (Duration) (Duration) (Signed)

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation fulness of various pursuits can be known. The quesgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from of given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the not gainfully em-(6)

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as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic valuular heart disease, Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; contributory

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CORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING MARGIN RESERVED mation should be carefully supplied. AGE should be N. B.-WRITE PLAINLY,

V. S. No. 1

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County alle and	Registration Dist. No.
Village Dr City Fronthing, Md	No. 50 St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	s ds. How long in U.S. if ol foreign birth?
2. FULL NAME Stillborn Slegel	2
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH 9//)/3 (Month) 193 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased for
6. DATE OF BIRTH (month, day, and year) 9/17/3/	I last saw halive on Otatall9 death is sa
7. AGE Yaars Months Days If LESS than 1 day, hrs. ormin.	to have occurred on the date stated above, atm. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work done, as SPINNER, SAWYER, BODKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Othar Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Home Sach	23. If death was due to external causes (VIDL ENCE) filt in also the following:
15. MAIDEN NAME Home Sachs 16. BIRTHPLACE (city or town) Russia (Stata er country)	Accident, suicide, or homicide?
17. INFORMANT M. Benjama Seight (Address) Fatton Med.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place	Manner of Injury
19. UNDERTAKER (Address) 97	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed)
20. FILED	(Address) Jathing Md

CEDTICICATE OF DEATH

CTATE OF MADVI AND

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Chronic interstitial nepi	hrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUREAU V.S.	July 5, 1927	Peritonitis	3 days ago
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

10374

If more bianks are needed, address State Registrar, 16 W. Saretoga St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

************	number.)
	MEDICAL CERTIFICATE OF DEATH
16 D	ATE OF DEATH APY 14X, 1981
	(Month) (Day) (Year)
17	HEREBY CERTIFY, That I attended the deceased from
that	I last saw h /see alive on fifty 193 1
and t	that death occurred on the date stated above, at
The C	CAUSE OF DEATH * was as follows:
	GANOKODIO RITELL
6	strophic -
	(Duration)
	entributory Mays card in montpecace
***********	(Duration) yrs mos 2 de
(Signe	d) fff 2 Mallace M. D. M. D. D. J. L. F. M. M. D. M. D. M. D. M. D. M. D. M. D. M. M. M. D. M. M. D. M. D. M. M. M. D. M
Vi	*State the Disease Causing Death, or, in death from client Causes, state (1) Means of Injury and (2) Whether ecidental, Suicidal or Homicidal.
	NGTH OF RESIDENCE (For Hospitels, Institutions, Trens its or Recent Residents)
At pla	thrsmosds. In the Stateyrsmosds
Where if not	a was disease contracted, at place of death?
Forme	r or residence
19 PL	ACE OF BURIAL OR REMOVAL DATE OF BURIAL
20 U	NDERTAKER LENELLIN Suff 1,719.3
12	J. Book Bouters

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., (a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physiciam, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective or fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." stated unless important. American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms of terminal condiaccident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., o unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse, (name origin; "Cancer" is lcss definite; avoid Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory Nomenclature Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- IMITS
County allegacy	Registration Dist. No.
Village or City Cumbulaland and	No. 5/5 Fayette & St., War f death occurred in a horpital or institution, give its NAME instead of street and number)
	s. ds. How long io U.S. If of foreign birth?
2. FULL NAME Stillborns Kaller.	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
	(Mønih) (Day) (Year)
5a. If married, wildowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased fro
0.01 - 1031	dead 5 194 194 1941
6. DATE OF BIRTH (month, day, end year)	1 last saw h
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
s more quantification.	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	abortion 9/1/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	
10. Date decessed last worked at this occupation (month and none year)	
12. BIRTHPLACE (city or town) Cumbuland. (State or country)	Other Contributory Canses of importance:
	-
E 2 2/1. /	Curales 9/4/1
(Stete or country)	Name of operation
	What test confirmed diegnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide?
17. INFORMANT Elgie Re Shaffey	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Comballation, MC),	
Plece 1 the Date	Manner of injury
19. UNDERTAKER remated by the (Address)	24. Was disease or injury In any wey releted to occupation of deceased?
20. FILEDSLOT. 5, 1931, Harry HUE:	(Signed) Without M.
Registrar.	(Address) (Addre

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	j	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10376
1. PLACE OF BEATH	- IMITS &
County Allegiller	CORPORATE LIMITS Registration Dist. No.
Village or City Wheeland WITHIN	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	
2. FULL NAME Stillborn She	ane-
(a) Residence: No. 18 Nakey	St., 6-1 Ward.
(Usual place of a fode)	If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Male Wat & OR DIVORCED (write the word)	193
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY SERTIFY, That I confed deceased from
Set + 8-1921	Hast saw h un alive on to to to 1931; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and regret causes of importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Lucion
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Coutributory Causes of importance:
12. BtRTHPLACE (city or town) whole and find the country of the co	
	Note:
7	Name of analysis
14. BIRTHPLACE (city or town)	Name of operation Dute of Was there an aulopsy?
15. MAIDEN NAME amonda Van Orisdale	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Among a Van Chisalale 16. BIRTHPLACE (city or town Berkley Springs (State or country)	Accident, suicide, or homicide?Date of injury, 19
State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT 18 15 Shaves (Address) 18 - I ale St. Calles	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place ounty Class Data let 8 , 193/	Nature ol injury
19. UNDERTAKER 9. S. Butler	24. Was disease or injury in any way related to occupation of deceased?
(Address) (mbuland my	Il so, specify ALSOULLING
20. FILED SEPT. 8, 1931. Harvey Alle	(Signed) M. D.
Registrar.	(Address)

If more blanks are redded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	T THE E
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones \	May 1,1923	Gastroenteritis	1 year
*,			

If more blanks fre needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	appropriate to	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chamic intentitiel moderati	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	4 4
Gallstones	May 1,1923	Gastroenteritis	1 year

+ 484	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10378
infor- state UPA.	1. PLACE OF DEATH	(19)
	County Allegany.	Registration Dist. No.
tem of should	Village or City Cumbuland WITHIN	No. 108 h. James St., / Ward
W 20 4	Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAWE instead of street and number) ds. How long in U, S, if of foreign birth?mosds.
ORD. Every PHYSICIANS et statement	2. FULL NAME MARSAM. J. Slips	2
SIC ate	(a) Residence: No. 10 Residence	St. Ward.
781	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED,	21, DATE OF DEATH
F 24	3. SEX 4. COLOR OR RACE OR DIVORCED (wrighthe word)	Sept. //. 193/
T.L. T.L.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
AN AN V C Ssife	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
hand hand	F. 1 16 1823	11 198/, to Start 1/1 198/
FOR BI	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1921m.
FOR B IS A PE stated E properly ertificate	5 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
		were es follows: Quellers 1 Date of onset
ED HIS pe pe pe of of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	
ERV] VK—T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
INK She it i	IO. Date deceased last worked at this occupation (month and spant in this	
(v) (v)	year) occupation (month and spent in this	Other Contributory Causes of Importance:
Z 49	12. BIRTHPLACE (city or town)	Other Countries of Importance.
GI FAI led. ns, stru	(Stete er country)	Caemelmons
	13. NAME Charles Shipe	1010000
· · · · · · · · · · · · · · · · · · ·	I4. BIRTHPLACE (city or town)	Name of operation
it.		Whet test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill In also the following:
carefully (H in pla	15. MAIDEN NAME Alice And Johnson 16. BIRTHPLACE (city or town) (State or county)	Accident, suicide, or homicide? Date of Injury19
	(State or county)	Where did injury occur?
AIN d be DEA	17. INFORMANT Charles Shifle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
3 PLA Should OF D	(Address)	
	Place Place 13 193/	Manner of injury
-WRITE mation s CAUSE TION is	11: Hi 19-01	Nature of injury
m ma CA	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
B. No.	1231 Have H16	(Signed) White Warrand M. D.
E Z	20. FILED 20, 19 211 N VV Registrar.	(Address) Offer from the carl flother
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 8 1931	i		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones A T	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

The PRINCIPAL CAUSE OF DEATH and related causas of importance

Date of onset

What test confirmed diagnosis?_____ Was there an autopsy?____

23. If death was due to external causes (VIOL ENCE) fill in also the following:

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased? N. U.

If so, specify.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting P. S. No. 1.

Registrar.

(Address)

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

_	
A	I'v Item of informs a should be earefully supplied ACE
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	WRITE PLANTY, WITH UNFADING INK-THIS IS A I

V. S. No. 1

	CE OF DEATH		10380 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
	City Vestern port	iam W. Sigler	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERS	ONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male	4 COLOR OR RACE	SINGLE. MARRIED, MATTIED WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Sept. 5, 193/ (Month), (Day) (Year)
6 DATE OF E	SIRTH Sentem	ber 22 , 1 849	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE		mos 5 de ll day hr	rs. The CAUSE OF DEATH * was as follows:
(b) General business, or	cind of work	Trackman @P. R.R.Co ryland	(Duration) O yrs O mos 2 O ds. Contributory Secondary
ID NAME		J. Sigler	(Signed) Caul Gliffiam M. D.
OF FA' (State	THER	aryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
T 12 MAIDI	EN NAME Elizab	eth Chaney	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTH OF MO (State			iente or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
	e is true to the best		if not at place of death?
	Idress) William	0 - 0	Philos Cemetery/ ind. Sept8 , 1931
Filed 9	1/8 193.1 Ja	P. Franklem Registrar	2D UNDERTAKER ADDRESS Piedmont
	If more branks are	needed, address State Registre	rar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Never return" Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomolive engineer, Foreman, Or For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Precise statement of oc--Coal minc, etc. (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLAINLY, W.

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH County Registration Dist. No. Village or City Dan Grown (If death occurred to a horpital or institution, give its NAME instead of street	
Village or City Blan avon No.	
Village or City Slan Gron No.	
Length of residence in city of town where death occurred Ayrsmosds. How long in U.S. it of foreign birth?yrs	mosds.
2. FULL NAME Mrs Christina M. Smith	
(a) Residence: Np. Midlothian Mg St., Ward.	
(Usual place of abode) If nonresident give city or tow.	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEAT 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH	Н
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day)	. 193 / (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of moments 22. THEREBY CERTIFY. That latter than 100 miles of the state of	anded deceased from
6 DATE OF PIPTH (month day and year) - Tuby 8 - 1882 Liast sew h. M. alive on Sept 29 19	,
7. AGE Yaars Months Days If LESS than to have occurred on the date stated above, at 51100 m.	
or min. ware as follows:	Date of onset
8. Trade, profession, or particular kind of wark done, as SPINNER Voul work SAWYER, BOOKKEEPER, etc.	04
9. Industry or business in which Work was done, as SILK MILL, SAW MILL, BANK, etc.	te lug 1928
1D. Data deceased last worked it this occupation (moath and 10.1931 spant in this occupation)	
Dther Contributory Causes of Importance:	11
(State or country) 1/2. May Heart Block 2-1	1 Odays
13. NAME Nillam Walker	
13. NAME 14. BIRTHPLACE (city or town) Cotton or country) Cotton of Cotto	e of
What test confirmed diagnosis? Was ther	
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following the second of the sec	100
16. BIRTHPLACE (city er town)	, 17
Specify whether injory occurred in IMDUSTRY, in HOME, or in PUBL (Address) (Address) (Specify whether injory occurred in IMDUSTRY, in HOME, or in PUBL	od State) IC PLACE.
18. BURIAL, CREMATION, OR REMOVAR Oet 2 34 Menner of injury	
Place Date , 19 Nature of injury	
19. UNDERTAKER 24. Was disease or Injury in any way related to occupetion of decease	A?
(Address) Of Address If so, specify Manager Manager Angles	V
20. FILED 3, 1931 WALL AGNIVY. (Signed) Can Wall Address) HUSChur	g md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, ctc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiol nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in afty or town where death occurred	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in only or town where death occurred	1. PLACE OF DEATH	TELIMITS 92-20 10054
Village or City No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in only or town where death occurred	County alleganie WITH	IN CORPORATE Registration Dist. No.
Length of residence in only or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. d 2. FULL NAME (a) Residence: No. 32 St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH		No. St., Ward
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH		
(a) Residence: No. 32 St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	us. How long in 0.3.11 of foleign diffu:
(Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH		<i>h</i>
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH		
	PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE OR DIFFERENCE (write the word) OR DIFFERENCE (write the word) (Month) (Oay) (Year)		Sept d. 1931
5a. If married, widowed, or divorced HUSBANO of	HUSBANO of	22. HEREBY CERTIF(Y) That I Attended deceased from
(or) WIFE of Noran America 22. I HEREBY CERTIFY. That Mattended deceased fro	(or) WIFE of Noran America	THE REBY CERTIFY Inactivation of deceased from
6. DATE OF BIRTH (month, day, and year) Trule 14 1854 last saw him alive on Seff 2/1, 193/; deeth is sa	6 DATE OF RIRTH (month day and year) that 18 54	Hast saw himalive on Seff 2/193/ deeth is said
7. AGE Years Months Days If LESS than to have occurred on the date stated ebove, at 2. Gr. m.		1/0.20
7 I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sewellaware Malerial Greguezulale T	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKEFER etc.	Metral Oreguezulali- Vato ponet
9. Industry or business in which work was done, as SILK MILL, Revenue SAW MILL, BANK, etc.	9. Industry or business in which work was done, as SILK MILL,	
10. Date deceased last worked et this occupation (month and spent in this occupation corporation)	this occupation (month and spent in this	
Other Contributory Causes of importance:		Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)		Jestell Mary
13. NAME Folice & Amele	13. NAME Forest Angels	
14. BIRTHPLACE (city or town). Oate of	I A RIDTHOLASS (situs or town)	Name of operation
(State or country) What test confirmed diagnosis? Wes there an autopsy?	(State or country)	
15. MAIDEN NAME Warter Read 23. If deeth was due to external causes (VIOLENCE) fill in also the following:	15. MAIDEN NAME Meritia Read	
16. BIRTHPLACE (city or town) Accident, suicide, or homicide? (State or country) Oate of injury	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19
Where did injury occur?	E (State or country)	
17. INFORMANT (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL O 9/ Manner of injury	18. BURIAL, CREMATION OR REMODEL ()	Manner of injury
Place Date Nature of injury	Place Compare 1931	Nature of injury
19. UNOERTAKER 24. Was disease or Injury In any way related to occupation of deceased? Mc. (Address)		2 (()
20. FILES (Signed) (Signed) M.	20. FILES 42 + 24, 1931, Harve, H. Weis.	(Signed) Signed M. D
Registrar. (Address)		Experience in the contract in the

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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	WRITE PLACEY, WITH UNFADING INKTHIS IS A PERMANENT	ry Item of information should be carefully supplied. ACE should by alder NS should state CAUSE OF DEATH in plain terms so that it may be prope
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V. S. No. 1

1			1038		
	OF DEATH		(82-d)	STATE OF	
County	Allegany	WITHIN	CORPORATE LIMITS	CERTIFICATE	OF DEATH
				Registration	Dist. No.
	Cumberland		ecatur.St	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an
2FUI	LL NAME Ani	III • 21 • Dity der			number.)
PERSON	NAL AND STATIST	ICAL PARTICULAR	RS MED	ICAL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE	S SINGLE, MARRIED,	16 DATE OF DEAT	TH 1.1%	2 100/
Female	White	OR DIVORCEDS in (Write the word)	ngle	(Month)	(Day) (Year)
6 DATE OF BIR			17 I HERE	BY CERTIFY, That I at	tended the deceased from
	Aug 21	.1884	7	192 . to Sef	1. 7. 1921
	(Month)	(Day)		alive on	4 -
7 AGE			ESS than and that death occ	curred on the date stated	d above, atm
	47 yrs.	mos. 12 de or		ATH * was as follows:	
841					
8 OCCUPATION			The basis	I had been to	saturd her lessistians
OCCUPATION	ofession or	At Hon	This puli	ing had been to	exted by the istian
(a) Trade, proparticular kin	ofession or d of workature of industry		ne This paris	<u> </u>	acted by Christian
(a) Trade, proparticular kin (b) General nobusiness, or e	ofession or d of work	At Hon	ne This paris	(Duration) 2	sated by les is trans
(a) Trade, proparticular kin (b) General nobusiness, or ewhich employ	ofession or d of work ature of industry stablishment in red or (employer)	At Hon	ne This paris	<u> </u>	sated by Persistian
(a) Trade, proparticular kin (b) General n business, or e which employ	ofession or d of workstablishment in ed or (employer)	At Hon	Contributory Secondary	(Duration) 2	d
(a) Trade, proparticular kin (b) General nobusiness, or ewhich employ	ofession or d of workature of industry stablishment in stad or (employer)	At Hon	Contributory Secondary (Signed)	(Duration) 2 Aburation) Had-Ph 4	yrs mos de
(a) Trade, proparticular kin (b) General n business, or e which employ BIRTHPLACE (State or col 10 NAME O FATHER	ofession or d of work	At Hon Pa Snyder	Contributory Secondary (Signed) Life 4 19	(Duration) Aburation) Mat No 40 (Address) Current	yrs mos de
a) OCCUPATION (a) Trade, preparticular kin (b) General no business, or ewhich employ BIRTHPLACE (State or continuous for the continuous formula for the continuous formula fo	ofession or d of work ature of industry establishment in ed or (employer) untry) Proposition Daniel	At Hon	Contributory Secondary (Signed) Life 4 19	(Duration) Aburation) Mat No 40 (Address) Current	yrs mos de
occupation (a) Trade, proparticular kin (b) General n business, or e which employ BIRTHPLACE (State or con 10 NAME OF FATHER 11 BIRTHPL OF FATH CState on 12 MAIDEN	ofession or d of work ature of industry establishment in yed or (employer) untry) Daniel ACE LER r country)	At Hon Pa Snyder Pa	Contributory Socondary (Signed) #State the Violent Causes, Accidental, Suicid	(Duration) Aburation) (Address) (Address) Disease Causing Death, state (1) Means of Ir lal or Homicidal.	yrs mos de
OCCUPATION (a) Trade, preparticular kin (b) General new hich employ BIRTHPLACE (State or continuous for the	ofession or d of work stature of industry stablishment in red or (employer) untry) F Daniel ACE LER r country) NAME HER Sara	At Hon Pa Snyder	Contributory Socondary (Signed) #State the Violent Causes, Accidental, Suicid	(Duration) Address) (Address) Disease Causing Death, state (1) Means of Ir lal or Homicidal. RESIDENCE (For Hospi	yrs mos de
OF FATHER (State or eor (State or	ofession or d of work ature of industry stablishment in red or (employer)	At Hon Pa Snyder Pa	Contributory Secondary (Signed) *State the Violent Causes, Accidental, Suicid 18 LENGTH OF I	Duration) (Duration) (Address) Disease Causing Death, state (1) Means of Ir lal or Homicidal. RESIDENCE (For Hospi Residents)	yrs mos de M. D. Or, in deaths from ajury and (2) Whether
OCCUPATION (a) Trade, preparticular kin (b) General pusiness, or ewhich employ BIRTHPLACE (State or constitution of FATHER II BIRTHPL OF FATHER (State or constitution of MOTHOL (State or Constitut	ofession or d of work ature of industry stablishment in red or (employer)	At Hon Pa Snyder Pa h.Boor	Contributory Secondary (Signed) *State the Violent Causes, Accidental, Suicid 18 LENGTH OF I lents or Recent At place of death yrs. Where was disease of	(Duration) Address) (Address) Disease Causing Death, state (1) Means of Ir lal or Homicidal. RESIDENCE (For Hospi Residents) In the State of Ir s	yrs mos de
OF FATHER 10 NAME OF FATHER 11 BIRTHPLA OF FATHER 12 MAIDEN OF MOTH OF MOTH (State or	ofession or d of work ature of industry stablishment in red or (employer) untry) F Daniel ACE IER r country) I NAME HER Sara LACE IER Country) IS TRUE TO THE BEST	At Hon Pa Snyder Pa h.Boor Pa	Contributory Secondary (Signed)	Disease Causing Death, state (1) Means of It lal or Homicidal. RESIDENCE (For Hospi Residents) In the State ontracted, icath?	yrs mos de
OF FATHER 10 NAME OF FATHER 11 BIRTHPLA OF FATHER 12 MAIDEN OF MOTH OF MOTH (State or	ofession or d of work ature of industry stablishment in red or (employer) untry) Daniel ACE IER r country) NAME HER Country) IS TRUE TO THE BEST Grover Sn	At Hon Pa Snyder Pa h.Boor Pa	Contributory Secondary (Signed) State the Violent Causes, Accidental, Suicid 18 LENGTH OF I lenta or Recent At place of death Where was disease of if not at place of death Former or usual residence.	(Duration) Address) (Address) Disease Causing Death, state (1) Means of Ir lal or Homicidal. RESIDENCE (For Hospi Residents) In the State ontracted, leath?	yrs mos de
OCCUPATION (a) Trade, proparticular kin (b) General representation of the properties	ofession or d of work ature of industry stablishment in red or (employer)	At Hon Pa Snyder Pa h.Boor Pa	Contributory Secondary (Signed) *State the Violent Causes, Accidental, Suicid 18 LENGTH OF J lents or Recent At place of death Where was disease ce if not at place of death Former or usual residence	Disease Causing Death, state (1) Means of It lal or Homicidal. RESIDENCE (For Hospi Residents) In the State ontracted, icath?	yrs mos de
OCCUPATION (a) Trade, preparticular kin (b) General no business, or ewhich employ BIRTHPLACE (State or eof) 10 NAME OF FATHER 11 BIRTHPL OF FATH (State or eof) 12 MAIDEN OF MOTH (State or eof) 13 BIRTHPL OF MOTH (State or eof) 14 THE ABOVE (Informant)	ofession or d of work at a ture of industry stablishment in red or (employer)	At Hon Pa Snyder Pa h.Boor Pa rof MY KNOWLEDGE yder	Contributory Secondary (Signed) *State the Violent Causes, Accidental, Suicid 18 LENGTH OF I lents or Recent At place of death yrs Where was disease c if not at place of d Former or usual residence. 19 PLACE OF BUR ROSE HI	Duration) (Duration) (Address) (Address) Disease Causing Death, state (1) Means of It lal or Homicidal. RESIDENCE (For Hospi Residents) In the State ontracted, leath?	yrs mos de yrs mos de M. D or, in deaths from njury and (2) Whether tals, Institutions, Trans te yrs mos de DATE OF BURIAL Sept. 4.1331
OCCUPATION (a) Trade, proparticular kin (b) General representation of the properties	ofession or d of work ature of industry stablishment in red or (employer)	At Hon Pa Snyder Pa h.Boor Pa rof My Knowledge yder land. Md	Contributory Secondary (Signed) *State the Violent Causes, Accidental, Suicid 18 LENGTH OF J lents or Recent At place of death Where was disease ce if not at place of death Former or usual residence	Duration) Aburation) Authority Disease Causing Death, state (1) Means of Ir lad or Homicidal. RESIDENCE (For Hospi Residents) In the State ontracted, leath? Authority Au	yrs mos de

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; i fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of whatever, write None. Physician, Compositor, Architect, Locomotive engineer report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISSERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). (seeondary or intercurrent) affection need not be stated unless important. Example: Measles (disease stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

.If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	10384 STATE OF MARYLAND
County All And Man	(31) CERTIFICATE OF DEATH
	, Registration Dist. No.
Village or City DAMA (No. 2FULL NME) and the state of th	St.: Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Fishers	16 DATE OF DEATH 2 9 th 193/ (Month) (Day) (Year)
6 DATE OF BIRTH October 26, 1864 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Supply 29th, 1931, to Supply 29th, 1931, that I last saw hereafter on Supply 29th, 1931,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 7.300 m. The CAUSE OF DEATH * was as follows: Lehronnia Particulated highwites
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Durstion) yrs 6 mos de.
which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
TO NAME OF FATHER	(Signed) M. Ja corrunt M. D.
11 BIRTHPLACE	(Address) hulland lug
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Janet Found	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Scotland	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) I had Phillips	Former or usual residence
(Address) Janacoming Mc	Can Hell Cerustery Cat. 1931
15 Filed Oct 1 13 From Journe, Registrar	M. Cuchhom & andress
If more blanks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. to. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Civil engineer, Physician, Compositor, Architect, Locomotive engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory." approved by carbolic acid-probably suicide. The nature of the injury, (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE C	OF MARY	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH			59
County Allegany	Ţ	ALLEN	COR ORGIN IVIII Registration Dist. No.
Village or City Cumber	land. Md	WITHIN	Np. 273 S. George. St. 5 Ward
			f death occurred in a hospital or institution, give its NAME instead of street and number)
Titutan			ds. How long la U.S. if of foreign birth?mosds.
Z. FOLL MAINE	R.Steck	man.	
(a) Residence: No. Cumber	(Usual place of	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARI		21. DATE OF DEATH Sept. 15.1931 193 (Month) (Day) (Year)
Sa. If married, widowed, or divorcad HUSBAND of (or) WIFE of Singl	Le		22. I HEREBY CERTIFY, What attended decreased from
6. DATE OF BIRTH (month, day, and year)	1-25-	1888	I last saw h alive on 1907, to VIII 1907,
7. AGE Yaars Months	Days	If LESS than	to have occurred on the date stated above, atm.
43	20	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Coople		Date of onset
9. Industry or business in which work was done, as SILK MILL, DATE SAW MILL, BANK, etc	id House	work	
SAW MILL, BANK, etc	11. Total ti	del.	
this occupation (month and	span	tin this pation	
	Md	P	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)(State or country)			Wasself Wolfington
13. NAME John . Steckm	nan		and Diagete mellins
14. BIRTHPLACE (city or town)	Pa		Name of operation
(State of country)	h 7		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Des	Pall de alia		23. Il death was due to external causes (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town)	<u> </u>		Accidant, suicide, or homicide?
17. INFORMANT Curtis. St			Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) CUMDEPLANCE 18. BURIAL, CREMATION, OR REMOVAL			Manner of injury
Place Odd Fellows C	Date Sep	t.18.193	Nature of injury
John.C.Wol	lford		24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Cumberland	I. Ma		If so, specify
20. FILED Sept 181931. HT	twent	Neis, Registrar.	(Signed) D Jardey M. D. (Address/34 Legion & J
If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, mainter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
64		
,	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

1. PLACE OF DEATH	AKILAND—	CORPORATE LIMITS Registration Dist. No.
County Allegany	MITHIN	CORPORATION Dist. No.
Village or City Cumberland	. Md	No. 1219 LexyAve St., 6-3 Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Frances.E.	70.00	answer and the second s
(a) Residence: No. Cumberland		St., Ward.
	ual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL F		MEDICAL CERTIFICATE OF DEATH
Female White ORD	IVORCEO (write the word)	21. DATE OF DEATH Sept 19.1931 (Month) (Day) (Yaaza)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	lin Stull	22. I HEREBY CERTIFY, That I attended deceased from Quee 19,19 31, to Sept. 19,19.31
6. DATE OF BIRTH (month, day, and year)	15 1858	I last saw has alive on tung 19 131; death is said
7. AGE Years Months	lays If LESS than	to have occurred on the date stated above, at (6 2-m. 6 Pm
72 9.	1 day,hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	At-Home	Corebial hemorstoge Siplan
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at		-
10. Data deceased last worked at this occupation (month and year)	1. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)		Other Contributory Causes of importance: Paralysis Coffside 193 Milarah nearly action 1939
13. NAME Samuel Swa:	in	Descentia Beter 1930
13. NAME Samuel Swa. 14. BIRTHPLACE (city or town) (State or country)	Va	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Dont Know	RY	23. If death was due to external causes (VIOLENCE) fill In also that following:
16. BIRTHPLACE (city or town)		Accident, sulcida, or homicide?Oate of injury, 19
State or country Cora. Davis (Address) Cumberland	. bM	Whara did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL CREMATION, OR REMOVAL		Manner of injury
Place Frankford Wva Date	Sept. 22.192	Nature of injury
19. UNDERTAKER John.C. Wolfo: (Address) Cumberland.	rd Md	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDES + 22, 1931. Have	H. Weiss	(Signed) but be and for Journ D. D. (Address) & and Decrea Stand Tuns
If more blank and		, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis.	- 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
A BUBRAU V. S			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	-CERTIFICATE OF DEATH 10387
1. PLACE OF DEATH	(b)
County 4 llegains 0	Registration Dist. No. 14
Village or City Elevelie THd	No. St., Ward
Length of residence In city or town where death occurredyrs,	mos. ds. How long la U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME His Cathering	& Swanned
(a) Residence: No.	St., Ward.
(Usual place of abode)	U If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	
ia. If marriad, wldowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I atlended deceased fro
- No. 1	9-21,1931,10 9-21 ,1931
i. DATE OF BIRTH (month, day, and year)	I last saw the alive on 19 ; death is sai
4 Mas feetus state oays If LESS the	
8. Trade, profession, or parlicular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Bremating buth
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	
10. Date deceased last worked at this occupation (month and year) to compation this occupation	
12. BIRTHPLACE (cily or town) ZCCers Ore U.S. (State or country)	Other Coutributory Causes of importance:
13. NAME S. Sucreyes	
14. BIRTHPLACE (city or town). COOR.	Name of operation Date of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Calhanie Juck	23. If death was dua to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Lathanie Juck 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Muther Mrs Buce Diva (Address) Ellewice and	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL AT A PLACE home Date 9/2/19	Manner of injury
Barre Xuera	24. Was disease or Injury in any way related to occupation of deceased?
19. UNDERTAKER Selevaling and	If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE I	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAN V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	J		

ADDITIONAL	SPACE	FOR	FURTHER	ST	TEMENTS	BY	PHYSICIAN
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PLACE OF DEATH	STATE OF MARYLAND			
County Allegany	CERTIFICATE OF DEATH			
Village or City Frost Lucy (No. Depor	Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and			
2FULL NAME Fellie From	ence / Aprilation number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MARRIED, MARRIED, MODORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)			
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw he alive on 192/			
7 AGE If LESS than	and that death occurred on the date stated above, at 2:15 Pm.			
3 4 yrs. 2 mos. 6 ds. or min.?	The CAUSE OF DEATH * was as follows:			
8 OCCUPATION (a) Trade profession or //	Breast (
particular kind of work / / well (b) General nature of industry				
business, or establishment in which employed or (employer)	(Durstion) yrs mos de			
9 BIRTHPLACE (State or country)	Contributory Secondary Durstion yrs mos ds			
10 NAME OF FATHER PRINCE PUSSEL	(Signed) M. D.			
OF FATHER (State or country) Barton Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
of MOTHER Lennil E Breadura ter	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans			
13 BIRTHPLACE OF MOTHER (State or Country) New Germany Md	At place of death yrs			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?			
(Informant) Floyd R. Russef	Former or usual residence. 19 BLACE OF BURIAL OR/REMOVAL DATE OF BURIAL 10 A T 3			
(Address) (3) (Address) (5) (Address) (5) (Address) (7) (A	20 UNDERTAKER ADDRESS ADDRESS X ON ACCUMUNG			
If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

10389

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specimeanum and laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-At Home, and children, not gainfully em-For persons who have no occupation (b) Automobile factory. The material (6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular Always qualify all heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FU	URTHER S	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 10391
1. PLACE OF DEATH	- IMITS
County Allegany.	Registration Dist. No. 4
Village or City Cumberland WITH	No. allegany Hospist, 4 Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a horpital of institution of e its NAME instead of sireet and number) ds. How long in U.S. if of foreign birth?
01+00	lane
2. FULL NAME COLLIND SW. Sread	in the Land
(a) Residence: No. Glean (Caual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet attended deceesed from
(or) WIFE of	2 193/ 10 DE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. DATE OF BIRTII (month, day, end yeer) Sell 23 190	1 last saw h. delive on de A 19 5/; death is said
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, it
25 11 20 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER.	7 6 0 00 1 k 0 00 1 hum
kind of work done, es SPINNER, harfine Offerate 8. Industry or business in which	c see ocaso pero 1 730
work was done as SILK MILL	
SAW MILL, BANK, etc 10. Date deceesed lest worked et this occupation (month and year) year) 11. Total tim (yeers) spirin this occupation	
12. BIRTHPLACE (city or town)	Dther Contributory Causes of importence:
(State er country)	Terratorial
13, NAME Jonno I resolus	lo olvela.
14. BIRTHPLACE (city or town)	Neme of operation
(State of Country)	What test confirmed diegnosis?
15. MAIDEN NAME Frang Shorty	23. If death was due to external ceuses (VIDLENCE) fill In elso the following:
15. MAIDEN NAME Sharp Starts 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DB. BEMDVAL	Manner of Injury
Place Madley La Date 2011 15, 1931	Nature of injury
19 UNDERTAKER mis Stein Inc	24. Wes disease or injury In eny way related to occupation of deceesed?
(Address) Completed &	If so, specify
20. FILEDSLP 15, 19.31, Harrey HWe. Registrar.	(Signed) All Land M.D. (Adgress) All Land Company (Adgress)
If more blanks are needed, address State Registrar,	2411 N. Charles Spreet, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A SURBATIVE	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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PLACE OF DEATH Count properly classified. EXAGI 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. pe be it may be on back WIDOWED PERMAN OR DIVORCED (Write the word) pino 6 DATE OF BIRTH ee instructions terms so that ш (Day) FOR (Month) V C 7 AGE supplied. -THIS RESERVED B: OCCUPATION (a) Trade, profession or S particular kind of work INK carefully in pla (b) General nature of industry important. business, or establishment in which employed or (employer) I MARGIN 9 BIRTHPLACE (State or country) PA EA Should SE OF DE very 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER CAUSE Z of Information (State or country) ഥ 12 MAIDEN NAME AR OF MOTHER state CCUP/ 13 BIRTHPLACE OF MOTHER (State or Country) should ent of OC CIANS should statement of C THE BEST OF MY KNOWLEDGE TO WRITE (Informant S. No. 1

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

7/6	St.: Ward) (If death occurred i a hospital or institution, give its NAME in stead of street an number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
_	17 I HEREBY CERTIFY, That I assended the deceased from
	192, to
	that I last saw halive on, 192
an	and that death occurred on the date stated above, atn
rs.	The CAUSE OF DEATH * was as follows:
1.5	
	Occidental CAShluydia
	cinging.
	Contributory Secondary
	(Signed) (Address) Flintstone
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
_	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
	At place In the of death yrs. mos. ds. State yrs. mos. ds.
	Where was disease contracted, if not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
7	2D UN PERTAKER ADDRESS
0.6	The state of the s

Registrar

(Year)

IIf LESS th

I day h

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; i fulness of various pursuits can be known. whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesmon. nature of the business or industry, and therefore an sary to know Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architeet, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Form loborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day (b) Automobile foctory. The materia (a) the kind of work and also (b) the (6) The ques-Grocery,

or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation whatever, write Nouc.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the in for the same disease. Examples: (*erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia,"

approved by Committee on telanus may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was diseases resulting from childbirth or miscarriage as "PUERPERAL septimemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar; or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Psisoned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS STATE MEANS OF INJURY Whooping cough; "Atrophy:" "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease affection need etc. The contributory valvular Nomenclature heart not be disease;

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data, is essential and must be obtained before the certificate is permanently filed.

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Example I		Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

state

9RD. Every item of infor-HYSICIANS should

Exact statement of OCCUPA-

stated EXACTLY.

properly classified.

UNFADING INK-THIS IS A PERMANENT

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

-WRITE PLAINE

V. S. No. 1 B

FOR BINDING

MARGIN RESERVED

	(If Length of residence In city or town where death occurredyrs_2mos.	Registration Dist. No. No. Memorial Hospital St., 6—1 Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. ds
	2. FULL NAME Clara Wagner, (a) Residence: No. 611 Shriver Ave., City (Usual place of abode)	7. St., 3 Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH September 29 , 193 1 (Year)
5a	. If married, widowed, or divorced HUSBANO of (or) WIFE of John A. Wagner	22. I HEREBY CERTIFY. That I attended deceased from
-	DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than 1 day,hrs. orhrs. orhrs.	1. 2.4
OCCUPATION	9. Industry of Dusiness in which work was done, es SILK MILL, SAW MILL RANK etc.	Chrome Methystis Chrome Mysearlis Other Contributory Causes of Importance:
ER	(State or country) Virginia,	
FATHE	13. NAME Charles Hesser, 14. BIRTHPLACE (city or town) (State or country) Virginia,	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
MOTHER	(State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
	Nemorial Hospital, (Address) Cumberland, Md.	Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Exa	imple I		Example II		
The principal cause of deat of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	100	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1 Oth 0 355	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURSAU	July 5, 1927	Peritonitis	3 days ago	
	1/2-		•		
Other contributory causes of	f importance:		Other contributory causes of importance:	0/10	
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

should state of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10395
1. PLACE OF DEATH	89-6
County allegheny	Registration Dist. No.
Village or City Cushlerland WITHIN	death occurred in a horpital pr institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred year, yrs, mos.	
2. FULL NAME Harvey Hagner	
(a) Residence: No. Salifaburf, Pa	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 15, (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1897	last sawh im alive on Sept. 14 1931 death Is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above at \$:000 m.
34	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER,	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Chronie mastorditis
9. Industry or business in which work was done, as SILK MILL Blacksmill SAW MILL, BANK, etc.	Corebral absess
10. Date deceased last worked at this occupation (month and yaar)	
Solisbury O	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Charles Wagher	
14. BIRTHPLACE (city or town) Some bet Co	Name of operation Loul Date of
14. BIRTHPLACE (city or town).	What test confirmed diagnosis? Aus places Was there an au'opsy? Ho.
15. MAIDEN NAME Unknown	23. If death wes due to external causes (VIOLENCE) fill In elso tha following:
16. BIRTHPLACE (city or town) Unknown	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Charles Vagner (Address) Lalis britis, Pa	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL .	Manner of injury
Place S. O. O. F. Solison Day Sept. 17, 19.31	Natura of injury
DPP.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER A CHOS STORE CA	If so, specify
Sant 11 Whater HILL	(Signed) Y / V U Med M. D
20. FILED Registrar.	(Address) Cumberland, Md.
If more blanks are njeded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No. 1

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PHYSI-

PLACE OF DEATH	STATE OF MARYLAND
County allegany	CERTIFICATE OF DEATH
	Registration Dist. No. 12
1 (/00 00	
Village or City Millaud (No	St: Ward) (If death occurred in a hospital or institu-
7-100: 01c a	tion, give its NAME it - stead of street and number.)
2FULL NAME DECEMBER XV &	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE,	16 DATE OF DEATH
WIDOWED. OR DIVORCED) () () () () () () () () () (
Mylle Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
ter. 22 , 1852	1 : 001/4 10/- 21
(Month) (Day) (Year)	that I law saw h Malive on 1921,
7 AGE [If LESS than	and that death occurred on the date stated above, atm.
79 6 /2 1 dayhrs.	The CAUSE OF DEATH * was as follows:
/9 yrs. 6 mos. /2 ds. or min.?	Contraction of the second
(a) Trade, profession or Pot	allo succession
particular kind of work	Chronic interstitial nephratis: 2 years duration.
(b) General nature of industry business, or establishment in	Quesa. (Duration) vrs. mos ds.
which employed or (employer)	1/2 allered
9 BIRTHPLACE (State or country)	Contributory Secondary
(State of country) maryland	(Duration) yrsmosds.
FATHER LOS	(Signed) M. M. D.
Marine 10 agrees	Sept 3 4931 (Address) hudland had
U DI BIRTHPLACE OF FATHER	*State the Discase Causing Death, or, in deaths from
Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER MALLELLA	At place of deathyrsds. In the Stateyrsds.
(State or Country) (State or Country)	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) has many Wallus	usual residence
Do that all had	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	accigacy sept. 9, 1931
15 Estat Con 3 1921 M. Hellen	20 UNDERTAKER
Filed Registrar	y. a. Durer treetinging
If more banks are needed, address State Registrate	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can he known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Physician, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should he taken household only (not paid Housekeepers who receive a laborer, Foreman, For many occupations a single word or term on or yrs). Farm laborer, At Home, and children, Compositor, Architect, For persons who have no occupation (b) Automobile factory. If the occupation has been changed Laborer-Coal minc, etc. Wom-Locomotive engineer, not gainfully em-The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age, Snock, "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Exhaustion," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage " "Marasmus, " "Old Age, Committee on Nomenclature of the Chronic valvular heart disease; etc. The affection need contributory " Shock," not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ogo
1921	Run over by street ear	1 week ogo
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gostroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

Eliza Cumber	peth We rland. I (Usualplace	eisenmill Md of abode)	St., 4 Ward. If nonresident give city or town and State
	The second second		MEDICAL CERTIFICATE OF DEATH
White			21. DATE OF DEATH Sept 28.1931
vorced			(Month) (Day) (Year) 22. HEREBY CERTIFY. That I attended deceased for Sept. 75, 193 [Outly 19
lav. and vear)	June.	14.1924	Hast saw her alive on Sept W 1931 death is
Months 3	Days	If LESS than 1 day, hrs. or min,	to have occurred on the date stated above, at 5 • 30 • mm The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
particular e, as SPINNER, EEPER, etc in which sSILK MILL, i, etc	School	child	Frederical Comme outstorm
vorked at nonth and	sp:	ent In this	
n)	1		Other Contributory Causes of importance:
1 C. We	elsenml	Lier	
town)	IV a		Name of operation. What what test confirmed diagnosis? Suspelline. Was there an autopsy?
Lilliar	1. Smith	1	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
town)		Md	Accident, suicide, or homicide? (Lease Date of Injury 9-28, 193) Where did injury occur? Ou Street) Cumbulum mm
~		1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Pauls C	Date Sept	.30.1931	Manner of Injury was run over by automobile Nature of Injury Samuas Statut about
	lford		24. Was disease or Injury in any way related to occupation of deceased?
	city or town where Elizal Cumber Cumber Cumber Cumber ND STATIST OR OR RACE White worced lay, and year) Months Mont	Cumberland. I (Usualplace ND STATISTICAL PART OR OR RACE White S. SINGLE, MAI OR DIVORCH vorced June. lay, and year) Months Days 14 particular particular particular pass SPINNER, EEPER, etc. in which SILK MILL, orked at nonth and 11. Total spi occ 10. Weisenmi town) Lillian. Smith town) S William. Smith Cumbarland. Mc REMOVAL REMOVA	city or town where death occurred

10398

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATE	MENTS	BY	PHYSICIAN	ľ
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

markey

PLACE OF DEATH	10400 STATE OF MARYLAND
County Allegholing.	CERTIFICATE OF DEATH
4 -1 7.	Registration Dist. No.
Village or City Trot hung (No. Me 2FULL NAME Leona Will	Ward) (If death occurred a hospital or institution, give its NAME in stead of street are number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jamele White. Single, Married, Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH Sept 12 , 193/
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
July 1905	Left 4 103/10 Left /2 ,102
(Month) (Day) (Year)	that I hast saw her alive on Left 12, 19
7 AGE 26 yrs. / mos. / ds. or min.	The CAUSE OF DEATH Was as follows:
(a) Trade, profession or Ansews	John Janes
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yra 4 Mosel Ma
BIRTHPLACE (State or country) W. Va	Contributory Secondary
10 NAME OF FATHER John Wetzer	(Signed M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Leone J. Beldwin	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) W. Ua	At place of deathyrsmosds,btateyrsmosdr
(Informant)	if not at place of death? The former or usual residence Frank lin MA
(Address) / Franklin Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed //2 31 NAOM Registrar	actual design and actual design actual design and actual design actual design and actual design actual d
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EAST GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Drake Canton

122

tctanus) may be stated under the head of "contributory." stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid ingcs, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need Whooping Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condi interstitial nephritis, resulting from childbirth or miscarriage by Committee on cough; Chronic etc. valvular heart Nomenclature The contributory not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAUV	and a little		
Other contributory causes of importance:	2.1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

* # # *		CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	CONTE LIMITS
	County ellegany Committee	CORPORATE LIMITS Registration Dist. No.
5 5	Village of City OCTATA	No. St., Ward
.= 0	Length of residence in city where dead sourced vis mos	death occurred in a horpital or institution, give its NAME instead of street and number)
ORD. Every PHYSICIANS of statement	2. FULL NAME Still born	Woorls
SIC.	(a) Residence: No. 765 MJ Ares.	at 6 - / Ward.
ORI HYS	(Ustal place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FA	3.8EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 (Month) (Day) (Year)
NEN'NEN'C TL	5a. If married, widowed, or divorced HUSBAND of	
A A Ss	(or) WIFE of	22. HEREBY OFRTIFY. That I attended decaased from
	6. DATE OF BIRTH (month, day, and year) Sept. 18-1931.	Hast saw has affive on Sylvin 19. 31: death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date statad above, atm.
FOR IS A stated proper	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
20	8. Trade, profession, or particular	Date of onset
ED 'HIS 'be		eu oon
SERV] NK—T should it may	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
E SH SH	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
RES VG I AGE that	Sport in this	Other Contributory Causes of Importance;
Z	12. BIRTHPLACE (city or town Just bertaced Md	Other Controllery Causes of Importance.
GII AAF	(State or country)	- Vi
		7 7 7 617.7
M. Sul	14. BIRTHPLACE (city or town) MINIO Of Cared.	Name of operation Date of
1 3	(State of Country)	What test confirmed diagnosis? Was thera an autopsy?
INLY, WY be carefull EATH in pl	16. BIRTHPLACE (city of town Harris Louis Loys)	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
CA,	O 16. BIRTHPLACE (city of town) (State of country)	Accident, suicide, or homicide?
AINLY,		(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
E PLAIN should b	17. INFORMANT CALLED TO COLOR (Address Count of Care May 18 RIPLAI OF CALLED TO COLOR OF CALLED TO COLOR OF CALLED TO COLOR OF CALLED TO	Sporty madical majory sociated in industria, in monic, of in public person.
7, 40		Manner of injury
		Nature of injury
WRITE mation s	19. UNDERTAKER 9.S. VBuller	24. Was disease or injury in any way related to occupation of deceased?
No.	(Address) Ombulend mil	If so, specify Magourer
vi	20. FILED Sept. (8, 193). Havey tillis	(Signed) M. D.
B	Registrar.	(Address)
/0 /	1) more vianks are necaea, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

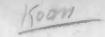
Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitiol nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10463			
1.		CORPORATE LIMITS (2) Registration Dist. No. 4 No. 418 Holland St St., 3 Ward			
		death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.			
2.	(a) Residence: No. Cumberland. Md (Usual place of abode)	St., Ward. If nonresident give city or town and State			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SE	Male. White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept 20.1931 (Month) (Day) (Year)			
5a. If	married, widowed, or divorced HUSBAND of Or WIFE of Or A	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That ettended deceased from			
	TE OF BIRTH (month, day, and year) AUS 7 1856	I last sew have alive on sept 18 , 1931; death is said			
7. AG	75 13 1 day,hrs.	to have occurred on the dete stated above, at			
MOL	8. Trede, profassion, or particular kind of work done, as SPINNER, Baltimore. & Ohio SAWYER, BOOKKEEPER, etc.	brown crease Sep. 18			
рссират(о)	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc 0. Date deceased last worked at 11. Total time (years)	Mucia May at Deser 1974			
9	this occupation (month and spent in this occupation coupation	Other Contributory Causes of Importance:			
12. B	IRTHPLACE (city or town)	Dryners Hert Duen 1978			
H 1	3. NAME John.Wright				
FATHER	4. BIRTHPLACE (city or town)	Name of operation			
E 1	5. MAIDEN NAME DON'T KNOW	23. If daath was due to axternal causes (VIOLENCE) fill In also the following:			
MOTHER	6. BIRTHPLACE (city or town) Dont Know (Stete or country)	Accident, suicide, or homicide? Date of injury, 19			
17. IN	FORMANT Joseph.Reissig (Addrass) Cumberland. Md	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BI	Placa Rose .Hill Cem Date Sept . 22,1993	Manner of Injury			
	NDERTAKER John.C.Wolford (Address) Cumberland. Md	24. Wes disease or injury In any way related to occupation of dacaased? If so, specify (Signed) M. D.			
20. FI	Registrar.	(Address) Street For Turn, Med 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			



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	Example 1		Example II The principal cause of death and related causes Date of onset of importance were as follows:		
The principal cause of importance were as	of death and related causes s follows:	Date of onset			
Arteriosclerosis	OCT 0 1021	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V S	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN